Medicaid Program Evaluation

Working Paper

MPE 5.2 October, 1984

MEDICAID ELIGIBILITY:
A DESCRIPTIVE REPORT OF OBRA,
TEFRA, AND DEFRA PROVISIONS,
AND STATE RESPONSES

Ian Todd Hill

Center for Policy Research
National Governors' Association

Department of Health and Human Services
Health Care Financing Administration
Office of Research and Demonstrations

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PREFACE

The Medicaid Program Evaluation (MPE) is a three year project funded by the Health Care Financing Administration's Office of Research and Demonstrations. Focusing principally on program changes made by and since the Omnibus Reconciliation Act of 1981 (OBRA), the MPE's goal is to study the implementation and impact of selected changes in the Medicaid program in order to provide insight, data, and information for policy analysis and future legislative change.

A wide variety of tasks to be performed under the MPE were divided into three "clusters", each to be completed by separate contractors. The tasks were divided as follows:

- Cluster I: Home and Community Based Waivers and Incentives for Family Care, to be completed by LaJolla Management Corporation with subcontractor SysteMetrics;

- Cluster II: Hospital Reimbursement Changes, to be completed by Abt Associates with subcontractors Health Economics Research and Compass Consultants;

- Cluster III: Freedom of Choice, Eligibility, Cost-Sharing, Federal Financial Participation, 1983 Legislative Changes, and an Annual Synthesis Report, to be completed by James Bell Associates with subcontractors Syracuse University, the Urban Institute, the National Governors' Association, and SysteMetrics, Inc.

Task 5 of Cluster III analyzes the effects of recent legislation, particularly OBRA, which were designed to limit eligibility for Medicaid directly and to provide States with greater flexibility for limiting entitlement. Research efforts under the task will address principal questions raised by the legislative changes such as: How have States altered their eligibility provisions? How have these changes affected the Medicaid rolls? What are the program costs and savings? How have the eligibility limitations affected providers, other payors, and those removed from the rolls?

The following report falls within Task 5, Cluster III, and provides a descriptive analysis of the impact on Medicaid eligibility policy of legislative changes under the Omnibus Budget Reconciliation Act of 1981, the Tax Equity and Fiscal Responsibility Act of 1982, and the Deficit Reduction Act of 1984. The report contains a great deal of background information such as detailed explanations of legislative changes under OBRA, TEFRA, and DEFRA, basic descriptions of Medicaid, AFDC, and SSI rules and options, and historical data on State AFDC need and payment standards, State medically needy income levels, and SSI payment levels. By providing such background information, this report can serve as a resource document for the other components of the MPE, as well as for the research community in general.

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Other individuals who deserve thanks include Richard Curtis, Lawrence Bartlett, and John Luehrs, of the National Governors' Association, and Letty Wunglueck and Gerald Adler of the Health Care Financing Administration, each of whom provided on numerous occasions their special expertise on Medicaid issues. For contributing valuable insight, data, and publications on AFDC policy, the author would also like to acknowledge Wilbur Weder, Constance Katz, and Evelyn Mills of the Office of Family Assistance, Social Security Administration.

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EXECUTIVE SUMMARY

Medicaid eligibility policy is governed by the rules and regulations of three separate but interrelated public assistance programs: Medicaid, Aid to Families with Dependent Children (AFDC), and Supplemental Security Income (SSI). In recent years, three major pieces of legislation mandated sweeping changes in Medicaid, AFDC, and SSI eligibility rules, and thus dramatically impacted persons trying to gain or maintain Medicaid eligibility. The following report provides a descriptive analysis of the impact on Medicaid eligibility policy of legislative changes under the Omnibus Budget Reconciliation Act of 1981 (OBRA), the Tax Equity and Fiscal Responsibility Act of 1982 (TEFRA), and the Deficit Reduction Act of 1984 (DEFRA). Specifically, this report has the following objectives:

1) To provide a descriptive, qualitative evaluation of how States responded to legislative rule changes affecting Medicaid eligibility made under OBRA, TEFRA, and DEFRA, as well as to summarize available research results describing how these changes impacted Medicaid recipients;

2) To describe precisely the rule changes affecting Medicaid eligibility policy contained in each of the three pieces of legislation; and

3) To fill a gap in the existing research literature by describing in a detailed, comprehensive manner the eligibility rules and options for the Medicaid, AFDC, and SSI programs, and thus provide a context with which to compare and analyze the various rule changes made by the legislation of the early 1980's.

Legislative Rule Changes

Under OBRA, TEFRA, and DEFRA, Medicaid eligibility policy was changed either directly through amendment of the Medicaid statute, or indirectly through statutory changes under AFDC and SSI.

Omnibus Budget Reconciliation Act of 1981

In terms of the impact on the recipient population, it is generally agreed that AFDC provisions under OBRA greatly overshadowed changes made to Medicaid and SSI statutes. The most significant of the AFDC modifications, which were mandatory for all States, were directed toward AFDC recipients who worked, with the intent of making ineligible any persons who could feasibly support themselves. Changes in Medicaid eligibility rules were optional for the States, and allowed them greater flexibility in the operation and administration of their Medicaid programs. Statutory changes in SSI under OBRA were relatively insignificant.

Significant legislative changes under OBRA include:

- Limiting Gross Income for AFDC Recipients to 150% of State Need Standards. One of the most significant changes under OBRA was the imposition of a gross income limit. Families with gross income (total income before any disregards) over 150% of a given State's need standard were made automatically ineligible for AFDC and thus Medicaid benefits. This was the first such limit of its kind in the history of the AFDC program. Previously, families with relatively high gross incomes who also had high work and child care expenses could become and remain eligible for AFDC after disregarding these allowable costs. After the new legislation, however, many such families became ineligible. (Page 20).

- Limiting Earned Income Disregards for AFDC Recipients. A second major change targeted to affect working AFDC recipients was the restructuring of earned income disregards. Prior to OBRA, all expenses which could reasonably be attributed to work, including the costs of child care, could be disregarded from income when benefits were calculated. In addition, the so-called "work incentive" disregard allowed for $30 plus one-third of gross income to be disregard as well. OBRA reduced greatly the amount of income which could be disregarded. A $75 per month limit was placed on the work expense disregard (with less disregarded for part-time employment), and a $160 per child per month limit was placed on the child care disregard. Finally, the work incentive disregard was changed in two ways. First, the basis for calculating the "$30 + $1/3" disregard was changed from gross income to income net of other disregards and, second, the disregard was limited to the first four consecutive months after the first month in which the disregard was applied. Thus, a family who was able to meet the 150% limit might very well be disqualified after 4 months when the "$30 + 1/3" exclusion was discontinued. (Pages 20, 22-24)

- Uniform Resource Restrictions for AFDC Recipients. AFDC statutes allow families to possess only a limited amount of resources. Prior to OBRA, these limits varied greatly across the States. OBRA created uniform resource limits for all States. Under the legislation, families can now possess a home of any value, one automobile worth up to $1500, and other real and personal property essential for day-to-day living worth up to $1000. (Page 26).

- Limits under AFDC of Coverage for Families with Unemployed Parents, First-time Pregnant Women, and Dependent Children Attending School.

- AFDC eligibility for families with an unemployed parent was limited by OBRA to families whose "principal earner" is unemployed. The principal earner, defined as that parent who earned the most income during the preceeding 2 years, must be

registered for a work training program to remain eligible. (Page 27)

- Prior to OBRA, States had the option of providing AFDC and thus Medicaid coverage to pregnant women with no other children. Depending on each State's policy, this coverage could begin as soon as the pregnancy was medically verified, or at some later point during the pregnancy. OBRA limited this option by forbidding any cash payments until the 6th month of pregnancy. Under the Medicaid statute, States still have the option of providing Medicaid-only coverage to these women, from the point of medical verification. Only cash (AFDC) eligibility was restricted by OBRA. (Page 27)

- Prior to OBRA, children in AFDC families could, at State option, remain eligible for benefits between the ages of 18 and 21, as long as they were regularly attending a secondary school or college. OBRA limited this option by stating that only children under 19 years of age could retain eligibility, and then only if they were attending a secondary or vocational school full-time and expected to complete their program of study before reaching age 19. (Page 27).

- Increased Flexibility in Medically Needy Programs. OBRA repealed requirements that: a) States must provide coverage to all medically neey groups, if they cover any such group; b) services for all medically needy groups must be comparable in amount, duration, and scope; c) States must offer a minimum number of services to the medically needy population; and d) States must offer a mix of institutional and noninstitutional care services. Instead, OBRA established relatively looser restrictions on medically needy coverage. States providing medically needy services to any group were told that they must also provide services to pregnant women. If a State chooses to provide institutional services to any medically needy group, it must provide ambulatory services as well to the same group. Finally, if a State chooses to offer medically needy coverage for persons in Intermediate Care Facilities for the Mentally Retarded (ICFs/MR), it must also provide to all medically needy groups the same mix of institutional and noninstitutional services as required prior to OBRA. The important point to remember regarding this provision is that it allowed, rather than required, States to make changes. (Page 42).

- Limiting Medicaid Coverage of Ribicoff Children States have the option of extending Medicaid-only coverage to another large group of persons, commonly referred to as "Ribicoff Children". Ribicoff children are poor enough to qualify for AFDC, but do not meet the categorical definition of "dependent children." In other words, these are poor children who come from intact, 2 parent families, or are institutionalized, or are in foster homes, or have their adoptions subsidized by a public agency. States have the option of covering

all of these children, including or excluding the unborn child, or only some of the "reasonable categories" described above. Prior to OBRA, States covering Ribicoff children had to cover anyone under the age of 21 who met the State's appropriate definition. OBRA allowed States to limit coverage by age maximums as well as by reasonable category, by selecting an upper age limit of either 21, 20, 19, or 18. (Page 43).

- Limiting Medicaid Coverage for Dependent Children Ages 18-20. Before OBRA, States were required to extend Medicaid coverage to all children between the ages of 18 and 21 who would have been eligible for AFDC if they were under age 18, or were attending school (regardless of whether or not the State extended AFDC cash benefits to children age 18 attending school). OBRA made coverage of these children optional for the States, and allowed the States to set an upper age limit for this coverage group of 21, 20, 19, or 18. (Page 44).

Tax Equity and Fiscal Responsibility Act of 1982

TEFRA contained several provisions which also affected eligibility policy in the Medicaid, AFDC and SSI programs. Rule changes under TEFRA were less significant than those of OBRA and impacted Medicaid caseloads and outlays to a lesser degree.

Significant legislative changes under TEFRA include:

- Medicaid Coverage of Home Care for Certain Disabled Children This provision provided States with the option of covering under Medicaid certain disabled children under age 18 who live at home. To receive such coverage, the State must determine that the child would otherwise have been eligible to receive Medicaid coverage in an institution, that it is appropriate and feasible for the child to receive the proper level of care outside the institution, and that the cost of care at home will be no more expensive than it would be in the institution. (Page 36)

- Transfer of Assets Limitations for SSI Recipients. TEFRA allowed States the option of enacting rules which would deny Medicaid eligibility to persons who dispose of their home for less than fair market value before entering an institution. (Page 33)

Deficit Reduction Act of 1984

DEFRA implemented further changes which impacted Medicaid, AFDC, and SSI statutes. Several of the provisions relating to eligibility policy seemed specifically aimed at counteracting rules implemented under OBRA which so adversely affected working AFDC recipients. Another very important provision required states to extend Medicaid coverage to certain pregnant women and children.

Significant legislative changes under DEFRA include:

- Continuation of $30 Earned Income Disregard for AFDC Recipients. OBRA limited the allowance of the "$30 + 1/3" work incentive disregard to just four months. DEFRA requires the continuation of the $30 disregard for 8 more months, ending after the 12th month. The "plus 1/3" disregard is still limited to four months. (Page 22).

- Work Transition Status for AFDC Recipients Under OBRA, families that were terminated from AFDC due to discontinuance of the "$30 + 1/3" disregard after four months also lost categorical eligibility for Medicaid. Under the new legislation, such families will now gain "work transition status" and be provided with Medicaid coverage for an additional nine months. DEFRA also gave States the option of extending this coverage for an additional six months for such families. Of all the DEFRA changes, this change probably has the most potential for increasing Medicaid caseloads and outlays. (Pages 22, 25).

- Limiting Gross Income for AFDC Recipients to 185% of State Need Standards. The gross income limit imposed under OBRA is increased under DEFRA to 185% of the State need standard, thereby making it somewhat easier for families with earned income to qualify for benefits. (Page 25).

- Expanded Work Expense Deductions and Resource Limits for AFDC Recipients. OBRA gave States the flexibility to determine work expense disregard amounts of less than $75 for persons employed part-time. To help lessen the financial burden on this group, DEFRA required that States disregard the first $75 of monthly earnings for part-time employees as well as full-time. DEFRA also expanded the allowable resources which an AFDC family is permitted to hold to include one burial plot per family member, funeral agreements, and any real property which the household is making a good faith effort to sell. (Page 26).

- Medicaid Coverage for Children and Pregnant Women. One of the most important modifications contained in DEFRA required States to extend coverage to two groups of persons who previously became eligible for Medicaid only at State option. New rules require that States provide categorically needy Medicaid eligibility to: 1) first-time pregnant women who would be eligible for AFDC if the child were born, 2) pregnant women in two parent families where the principal earner is unemployed, and 3) all financially eligible children born on or after 10/1/83 up to age 5 in two parent families. (Pages 44-45).

- Increased Asset Limits for SSI Recipients. Under DEFRA, the countable asset limit is to increase by $100 per year for individuals, and $150 per year for couples, beginning in

January 1985 and continuing through 1989. Thus the target resource limits in 1989 will be $2000 for individuals and $3000 for couples. (Page 35).

Impact of Legislation on States and Recipient Populations

State responses to selected legislative provisions were measured utilizing HCFA 2082 data on expenditures and recipients, and State Plan Characteristics for AFDC published by the Office of Family Assistance, Social Security Administration. Findings of this analysis include:

- Many States Raised Need Standards to Offset Effects of the 150% Gross Income Limit. As discussed above, OBRA limited gross income to 150% of the State need standard. Many states viewed the potential impact of this rule as very negative and took action to offset some of those negative effects. This action took the form of raising need standards dramatically, while keeping payment standards relatively stable. In this way, recipients with higher gross incomes were protected from disqualification due to the 150% cap. At the same time, by keeping payment standards stable, States avoided the necessity of spending any more AFDC money than they had prior to OBRA. In all, 16 States raised need standards dramatically between 1981 and 1983. Considered as a whole, these 16 States served 35% of all AFDC-eligible Medicaid families. For this group of recipients, a certain amount of protection was extended in the form of higher need standards. (Pages 47-49).

- Imposition of More Restrictive Resource Limits. Uniform resource limits imposed under OBRA required the majority of States to restrict what had previously been more liberal allowances. For 11 States, OBRA's allowance of a home of any value represented a loosening of resource limits. Placing a limit of $1500 on the value of an automobile represented a tightening of standards for 41 States, whereas in 4 States this provision loosened limits. The $1000 per family limit on other personal and non-home real property forced 28 States to restrict what had been more liberal allowances. In 9 other States, this was a more liberal standard. (Pages 50, 51).

- Age Limits for AFDC Children in School. Prior to OBRA, 36 States extended AFDC cash benefits, and thus Medicaid, to children between the ages of 18 and 21 who were attending school. These same 36 States were forced by OBRA to limit such coverage to children under age 19. AFDC-related children receiving Medicaid in the 36 affected States totalled 7.3 million in 1981, and comprised 79% of all AFDC-related children in the 50 States with Medicaid programs. According to Social Security Administration data, AFDC children ages 18-20 make up 2.7% of all AFDC-related children. Thus, almost 200,000 young adults may have

had their AFDC eligibility and Medicaid coverage discontinued after this OBRA limit took effect. (Page 53).

- AFDC Limits for First-Time Pregnant Women. At the time of OBRA implementation, 34 States chose to extend AFDC cash eligibility to first-time pregnant women with no other children. OBRA limited cash eligibility to the 6th month of pregnancy for women in these States. While this rule change had severe effects on cash eligibility, it had a much smaller effect on the Medicaid coverage such women receive. The vast majority of the States with AFDC provisions for first-time pregnant women also chose to deem Medicaid coverage to women who would be eligible for AFDC once the child was born. In 1981, 34 States representing an estimated 73% of all AFDC-related adults, were forced to curtail AFDC cash eligibility for first-time pregnant women as a result of this OBRA provision. Due to deeming provisions, however, all but 2.6% of the potentially affected adults were left unaffected in terms of their Medicaid coverage. (Pages 53-54).

- Age Limits for Ribicoff Children. As discussed above, OBRA allowed States to limit Medicaid coverage for Ribicoff Children by an upper age limit, as well as by reasonable category. In 1981, 18 States elected to implement this option by imposing an age limit lower than 21 years. These States covered 9% of all Ribicoff Children. (Pages 54-55).

- Optional Medicaid Coverage for Children Ages 18-20. In response to the greater flexibility allowed by OBRA, 32 States chose to discontinue previously required Medicaid coverage to children between the ages of 18 and 21 who would be eligible for AFDC if they were under age 18, or were attending school. This discontinued coverage affected over 10,000 children in the 32 States. (Page 55).

- Increased Flexibility in Medically Needy Programs. Very few States which already had medically needy programs have elected to utilize the increased flexibility allowed by OBRA in administering their medically needy programs. Service provisions were not cut to any substantial degree by any State, and only one State, Tennessee, has successfully discontinued medically needy coverage to the now-optional groups of the aged, blind, disabled, and caretaker relatives. (Page 54).

- Addition of New Limited Medically Needy Programs. By loosening restrictions surrounding medically needy rules, OBRA created the incentive for several States to either implement, or plan future implementation of limited medically needy programs for pregnant women and children. The States of Oregon, Mississippi, Iowa, South Carolina, Georgia, and Florida fall into this category. (Page 54)

- Medicaid Coverage for Children Under 18 Living at Home. To date, 11 States have adopted the provision which allows Medicaid to cover certain disabled children under age 18 living at home. (Page 55).

- Transfer of Assets. Since 1982, 45 States have elected to implement rules which deny Medicaid eligibility to persons who dispose of their home for the sole purpose of qualifying for benefits. (Page 56).

- Required Medicaid Coverage For Pregnant Women and Children. Under DEFRA By requiring States to extend Medicaid coverage to certain pregnant women and children, DEFRA forced several States to expand their Medicaid programs beyond previously existing levels. The impact of this rule change will be felt by 7 States (representing 15% of all AFDC-related families in the Medicaid program) which did not previously extend Medicaid coverage to first-time pregnant women who would be eligible for AFDC if the child were born, by 21 States (representing 34% of all AFDC-related adult Medicaid recipients) which did not previously extend Medicaid coverage to pregnant women in 2 parent families where the principal earner is unemployed, and by 28 States (representing just 10% of all Ribicoff Children) which did not cover all children under age 5 prior to the DEFRA legislation. (Pages 50, 52-53).

A review of the existing research literature found five additional studies which analyzed the impact of OBRA on Medicaid and AFDC caseloads and outlays. Results from these studies are summarized in this report in order to lend additional quantitative support to the findings described above. Research findings (to be found on pages 57-65) include:

- OBRA provisions led to a decrease of over 2 million total Medicaid enrollees over 1981 and 1982. Approximately 1.9 million of these discontinued enrollees were AFDC cash recipients. (Cromwell).

- After OBRA, there were 493,000 fewer AFDC cases open from a base of 3.6 million cases before OBRA. This translates into the outlay of $93 million less per month, from a base of $1 billion per month prior to OBRA. (GAO)

- In a 1981 sample, 55% of earners were discontinued from AFDC one year after implementation of OBRA. (RTI)

- Between May 1981 and May 1982, caretaker relatives with full-time employment fell from 5.9% of the total AFDC caseload to just 1.2%. (OFA).

- Former AFDC recipients disqualified by OBRA did not quit their jobs in order to retain welfare eligibility. Only 7-18% of such persons had returned to AFDC rolls one year after OBRA (RTI).

- For recipients who lost AFDC eligibility and continued working, increases in earned income generally replaced only 1/2 of the value of previously unearned benefits. (Moscovice and Craig).

- Large proportions of former AFDC recipients who lost Medicaid eligibility do not have health care coverage. Sixty percent of former recipients in Dallas had no health insurance for themselves or their children, while in Memphis 60% of parents and 50% of their children were left uninsured after OBRA. (GAO).

INTRODUCTION

Medicaid eligibility policy is governed by the rules and regulations of three separate but interrelated public assistance programs. In the mid-1960's, when legislators saw the need for creating a program that would give the poor access to health care services, it was decided that such a program should "piggy-back" or serve the same population already receiving cash assistance under other existing public programs. At that time, the existing programs were Aid to Families with Dependent Children (AFDC), Old Age Assistance (OAA), Aid to the Blind (AB), and Aid to the Permantly and Totally Disabled (APTD). Generally speaking, it was mandated in 1965 that anyone receiving cash assistance under these programs would also receive health care insurance under the newly formed Medicaid program. In 1974, the situation was streamlined when the latter three State-administered programs (OAA, AB, APTD) were consolidated under the new, federally administered Supplemental Security Income (SSI) program.

In order to understand who makes up the Medicaid population, it is important to realize just what sorts of people can receive benefits under AFDC and SSI. It is not enough to be "poor". Only certain categories of the poor qualify for benefits. In particular:

- Federal AFDC statutes allow cash assistance to be made available only to poor families which have one or more "dependent" children, that is, children who have been deprived of the support of one or both parents due to a death, a continued absence from the home, or a physical or mental incapacity. In some States, children can be determined "dependent" due to the unemployment of one parent as well.

- Federal SSI statutes authorize cash assistance to be paid to poor individuals who are either aged (65 or over), blind (possessing central visual acuity of 20/200 or less with corrective lenses, or having a visual field diameter no greater than 20 degrees), or disabled (being incapable of any substantial gainful activity due to a physical or mental impairment which will result in death, or incapacitate an individual for at least 12 months).

Individuals and families who meet these requirements are referred to as "categorically eligible". If they are also financially needy, as defined by the States for AFDC or the federal government for SSI, they are eligible for cash assistance and are automatically eligible for health care coverage under Medicaid as "categorically needy" in most States.

By linking Medicaid eligibility to the categorical requirements of the cash assistance programs, Medicaid provides care to populations that are not only separate and distinct, but also fairly limited. Large groups of "needy" persons who do not meet

these categorical definitions are excluded and can never receive Medicaid coverage. Such persons include:

- poor working adults with no children;
- poor working families with children where both parents are present in the household; and
- anyone who is temporarily disabled with a treatable, curable malady.

Responsibility for operation and administration of the Medicaid and AFDC programs is shared by both federal and State governments. For both programs, federal statutes dictate basic rules and guidelines, while State governments are allowed the flexibility to modify, expand, or restrict specific policies and procedures. Under AFDC statutes, each State has the power to decide how much income and resources a family can possess and still be considered "poor". Thus, the AFDC and, in turn, Medicaid population in one State can be very different from that population in another State, depending on where each sets its income limit. States have the flexibility to extend coverage to other "optional" groups in an attempt to reduce those instances where someone needs care and cannot obtain it. If a State adds such a group under their AFDC statutes, they also must be added to the Medicaid rolls. Under Medicaid statutes, States can also decide to extend coverage to a "medically needy" population, i.e., persons who have too much income to qualify for AFDC or SSI, but who still need assistance in paying their medical bills. Additionally, States are allowed to supplement SSI program benefits, and extend Medicaid to additional SSI-related groups.

Giving States the flexibility to expand or restrict their Medicaid, AFDC, and SSI programs has resulted in the evolution of not one, but 50* different Medicaid programs across the nation, each operated under the same basic federal guidelines, yet each possessing a myriad of variations, exceptions, and modifications. Viewed individually, each State's policies reflect the fiscal capabilities and political attitudes of its administration. Viewed as a whole, Medicaid eligibility policy becomes a maze of complex and intricate variations on the same theme.

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* For the purposes of this paper, the District of Columbia is considered a State. Excluded from consideration are the territories of American Samoa, Guam, the Northern Mariana Islands, Puerto Rico, the Virgin Islands, as well as the State of Arizona. Arizona is presently operating a prepaid Medicaid demonstration under a Section 1115 waiver from the Health Care Financing Administration.

In recent years, three major pieces of legislation mandated sweeping changes in Medicaid, AFDC, and SSI eligibility policy, and thus drastically impacted persons trying to gain or maintain Medicaid eligibility.

- The Omnibus Budget Reconciliation Act of 1981 (OBRA) contained provisions which allowed the States greater flexibility in the operation and administration of their Medicaid programs. These changes to Medicaid statutes were optional for the States. Mandatory amendments to the AFDC statute led to drastic changes in all States. The most significant of these modifications were directed towards working AFDC recipients, with the intent of making ineligible any persons who could feasibly support themselves. In terms of impact on recipient populations, it is generally agreed that the AFDC provisions in OBRA greatly overshadowed those changes made to Medicaid the statute.

- The Tax Equity and Fiscal Responsibility Act of 1982 (TEFRA) contained several provisions which also affected eligibility policy in the Medicaid, AFDC, and SSI programs. Rule changes under TEFRA were less significant than those of OBRA and impacted Medicaid caseloads and outlays to a lesser degree. Unlike OBRA, TEFRA's most significant provisions related to Medicaid statutes directly.

- The Deficit Reduction Act of 1984 (DEFRA) implemented further rules changes which impacted Medicaid, AFDC, and SSI statutes. Several of the provisions relating to eligibility policy seemed specifically aimed towards counteracting rules implemented under OBRA which so adversely affected working AFDC recipients.

This report has the following objectives:

1) To present a detailed and comprehensive description of the rules and options which come together to form Medicaid eligibility policy. Discussion will be divided into three sections, each focusing on one of the relevant programs: AFDC, SSI, or Medicaid.

2) To outline precisely how rules under each program were affected by the legislative mandates of the early 1980's. Within each section describing basic rules, relevant provisions of OBRA, TEFRA, and DEFRA will be described, illustrating the dynamic nature of recent eligibility policy.

3) To provide a descriptive analysis of the legislative impact from two perspectives. First, State responses to mandated changes under AFDC and SSI, as well as increased flexibility under Medicaid are presented and discussed. Second, in an effort to evaluate the impact of rule changes on AFDC and Medicaid populations, recent findings of several research studies will be summarized.

SECTION 1: MEDICAID ELIGIBILITY - AFDC-RELATED RULES AND RELEVANT LEGISLATION

I. MANDATORY ELIGIBILITY FOR MEDICAID

Medicaid rules require that recipients of AFDC cash payments be given medical assistance by States with Medicaid programs. Variations exist, however, in how each State runs its cash assistance program, which in turn determines who can and cannot receive Medicaid benefits. The following section describes the various rules of the AFDC program and indicates how such rules were changed by the recent legislation.

A. AFDC Eligibility Determination (Prior to OBRA)

To become eligible for AFDC, applicants must meet the appropriate categorical definition of a "family with dependent children" already discussed above. In addition, applicants for AFDC must satisfy certain financial criteria before eligibility is granted.

Need Standards

Each State arrives at a definition of financial "need" by calculating what it believes to be a minimum amount of money that a family needs each month to survive. This figure is called a "need standard", and different standards are determined for families of different sizes. Need standards generally provide for basic items such as food, shelter, clothing, utilities and personal care needs. Some States vary the amount of their need standards by geographic region or by season, to better reflect actual costs.

When first applying for AFDC eligibility, a family's monthly income, whether earned or unearned, is compared to the State's need standard. Families are allowed to disregard from their income certain amounts of money spent for certain purposes. For example, money spent on work-related expenses, such as transportation and child care, can be deducted from monthly income. Whatever income is left after these disregards is called "countable income", and if the family has less "countable income" than that State's need standard, they are determined "needy". Example 1 provides an illustration of this process.

B. AFDC Cash Benefit Determination (Prior to OBRA)

Once a family is determined to be "needy", then the State must determine whether the family is to receive an AFDC cash benefit. Any family that has countable income below the State's need standard is entitled to an additional income disregard, often called the "work incentive" disregard. Needy families who

Example 1

Determination of Need for AFDC

Ms. Jones and her 2 daughters live in a State which has a need standard of $485 for a family of 3. Ms. Jones makes $725 per month, yet spends $80 of that amount each month on work expenses and an additional $200 per month on child care expenses for her youngest daughter.

In this State, determining Ms. Jones' need would proceed as follows:

$725.00 Monthly Income
- 80.00 Work Expense Disregard
$645.00
-200.00 Child Care Disregard
$445.00 Countable Income

Ms. Jones' countable income ($445.00) is less than the State's need standard for a family of 3 ($485), thus Ms. Jones and her children may be eligible for AFDC cash benefits, and Medicaid, depending on how this State calculates benefit payments.

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work are allowed to keep the first $30 of earned income, plus 1/3 of any remaining money earned in a month. For these families, countable income after this additional disregard is then compared to the State's "payment standard".

Payment Standards

In addition to establishing need standards, States also establish what are called "payment standards", which are used for determining benefit amounts. In 1983, 20 States set their payment standards equal to their need standards. In these cases, the calculation of the cash benefit is simple: the family is given a check worth the difference between their countable income after disregards, and the State's need (payment) standard. Many States however, set their payment standards lower than their need standards. Again in 1983, 28 of these States arrived at payment standards by reducing their need standards by a specific percentage or "ratable reduction", then subtracted countable income from this reduced amount. The average ratable reduction in these States was 65%. In that same year, 2 States subtracted countable income from the full need standard, and then applied the ratable reduction (averaging 79% in these States). Finally, 2 other States established what are called "maximum payments" based on family size. For persons in these States, benefits are determined by subtracting countable income from the maximum payment amount. In any of the last three situations, it is conceivable that a family could have coutable income below the State's need standard, yet above the State's payment standard. In such a case, the family receives no cash payment and no automatic Medicaid coverage. Example 2 presents illustrations of the various methods by which benefits can be calculated.

Where a State sets its need standards and how it calculates its payment standards are perhaps the most critical decisions a State makes regarding its AFDC program. A variety of factors influence these decisions, including differing political judgments among State decision makers as well as differences among States in the cost of living, average wages, etc. For example, in 1983, Vermont determined that a family of 2 needed $644 per month to meet its needs, and calculated benefit amounts based on a payment standard of $507 for the same size family. (In this case, Vermont applied a ratable reduction of 65% to its need standard, and then subtracted any countable income). In the same year, Alabama determined that a family of 2 needed $288 per month to meet its needs, and set its payment standard at $89 (30.75% ratable reduction). Clearly, a great deal of variation can and does exist across the States in terms of who can qualify for assistance. Appendix A provides a complete listing of Need and Payment Standards, Maximum Payments, Income Disregards, and Resource Limits by State for the years 1978-1984.

Example 2

Methods of determining benefit amounts for AFDC

In the first example, the Jones' were determined "needy". To determine the amount of the family's AFDC cash payment, countable income must be recalculated, this time including the work incentive disregard. (Please note: the order in which income disregards are subtracted was changed by OBRA. This example uses the pre-OBRA order; modifications will be discussed below). The calculation would proceed as follows:

$725.00	Monthly Income
- 30.00	$30 Disregard
$695.00	
x 33%	
$229.35	1/3 Disregard
$695.00	
-229.35	1/3 Disregard
$465.65	
- 80.00	Work Exp Disregard
$385.65	
-200.00	Child Care Disregard
$185.65	Monthly Countable Income

As stated above, however, the calculation of benefit amounts can be very complicated and depends on how the State arrives at its payment standards. Let's see how the Jones' situation would turn out in five different States with five different ways of calculating benefits. In this example:

1) State A's payment standard equals its need standard.

2) State B subtracts countable income from its need standard, then applies a ratable reduction of 80% to the difference.

3) State C applies a ratable reduction of 80% to the need standard, then subtracts countable income from this reduced amount.

4) State D pays a maximum of $350 to a family of 3 with no income. Any countable income is subtracted from this maximum. The difference is the benefit amount.

5) State E has a maximum payment of $175 for a family of 3. As with State D, countable income is subtracted from this maximum, with the benefit amount equalling the difference.

In this example, all five States have established need standards of $485 for a family of three. Recall that the Jones' had $185.65 of countable income. Benefit calculations for the family in the five hypothetical States would proceed as follows:

State A

$485.00 Need (Payment) Std.
-185.65 Countable Income
$299.35 AFDC Cash Benefit

State B

$485.00 Need Std.
-185.65 Countable Income
$299.35
x 80% Ratable Reduction
$239.48 AFDC Cash Benefit

State C

$485.00 Need Std.
x 80% Ratable Reduction
$388.00
-185.65 Countable Income
$202.35 AFDC Cash Benefit

State D

$350.00 Maximum Payment
-185.65 Countable Income
$164.35 AFDC Cash Benefit

State E

$175.00 Maximum Payment
-185.65 Countable Income
$ 0.00 AFDC Cash Benefit
(Family receives no cash, no Medicaid.)

Clearly, the method by which a State calculates its payment standard dramatically affects the amount of cash assistance an AFDC family receives.

Table 1 provides a summary distribution of need and payment standards for families of 2 as established by the 50 States with Medicaid programs. For the years 1978 through 1983, the highest, lowest, and median need and payment standards are displayed in addition to the summary distribution. For comparison purposes, the monthly Federal poverty level is listed for each year.

In 1983, need standards for a family of 2 ranged from a high of $644 in Vermont, to a low of $142 in Tennessee, with a median need standard of $306. Payment standards in that same year ranged from $597 in Alaska, to $88 in Alabama for the same family size, with the median payment standard falling at $253.

To help illustrate how poor a family must be before they can qualify for AFDC, Federal poverty levels have been included in this table. In 1983, the annual Federal poverty level was established at $6,697, or $558 per month, for a family of 2 with head of household under age 65. By comparing this level to the distribution of need and payment standards, note that in 1983, 3 States determined need at a level above $558, and just 1 States actually paid cash benefits above this level.

- OBRA Changes Impacting Eligibility and Benefit Determination

Legislative changes under OBRA dramatically altered the processes of eligibility and benefit determination in the States, the most significant changes seemingly intended to restrict eligibility for AFDC recipients who work.

150% Gross Income Limit

One of the most significant changes under OBRA was the imposition of a gross income limit. Families with gross income (total income before any disregards) over 150% of a given State's need standard were made automatically ineligible for AFDC and thus Medicaid benefits. This was the first such limit of its kind in the history of the AFDC program. Previously, families with relatively high gross incomes who also had high work and child care expenses could become and remain eligible for AFDC after disregarding these allowable costs. After the new legislation however, many such families became ineligible. (Evaluation of impact will appear in Sections 4 and 5).

Limit on Earned Income Disregards

A second major change targeted to affect working AFDC recipients was the restructuring of earned income disregards. Prior to OBRA, all expenses which could reasonably be attributed to work, including the costs of child care, could be disregarded from income when benefits were calculated. In addition, the so-called "work incentive" disregard allowed for $30 plus one-third of gross income to be disregarded as well.

Table 1
Distribution of States by amount of need and payment standards for an AFDC family of 2, 1978 - 1983

Need Standards Range (in dollars)	Year 1978	1979	1980	1981	1982	1983
High (State)	418 VT	482 VT	558 VT	626 VT	626 VT	644 VT
Low (State)	115 TX	115 TX	115 TX	122 TX	122 TX	142 TN
Median	245	250	270	292	298	306
Fed Poverty Level	365	407	461	509	541	558
			Number of States			
0 - 99						
100 - 199	14	14	13	9	7	6
200 - 299	27	28	23	18	17	17
300 - 399	8	11	11	17	17	15
400 - 499	1	2	2	4	5	7
≥ 500			1	2	4	5
Payment Standards Range (in dollars)						
High (State)	390 HI	390 HI	410 VT	508 AK	546 AK	597 AK
Low (State)	75 MS	86 TX	86 TX	85 TX	85 TX	88 AL
Median	203	225	225	245	250	253
			Number of States			
0 - 99	4	4	4	2	2	1
100 - 199	19	18	13	14	13	15
200 - 299	20	17	17	22	23	20
300 - 399	7	11	9	8	8	9
400 - 499			2	3	3	4
≥ 500			1	1	1	1

SOURCE: Author's calculation from OFA data (1978-1983), and Social Security Bulletin, Annual Statistical Supplement (1982).
NOTE: Fed Poverty Level for family of 2, head of household < 65.

OBRA reduced greatly the amount of income which could be disregarded. A $75 per month limit was placed on the work expense disregard (with less disregarded for part-time employment), and a $160 per child per month limit was placed on the child care disregard. Finally, the work incentive disregard was changed in two ways. First, the basis for calculating the "$30 + 1/3" disregard was changed from gross income to income net of other disregards, so that the disregard was calculated after work and child care expenses were excluded, not before. Second, the disregard was limited to the first four consecutive months after the first month in which the disregard was applied. Thus, a family who was able to meet the 150% limit, might very well be disqualified after 4 months when the "$30 + 1/3" exclusion was discontinued.

This time limit on the work incentive disregard, together with the 150% limit on gross income, were particularly significant in removing AFDC families with earnings from the rolls. Clearly, it was the employed recipient, earning income and paying related work and child care expenses, that was affected by these changes, rather than those families totally dependent on public support for their survival.

Example 3 illustrates how these three rule changes impacted AFDC families.

- DEFRA Changes Impacting Eligibility and Benefit Determination

Several of the AFDC changes in the Deficit Reduction bill are seemingly intended to counteract OBRA provisions which limited eligibility for working AFDC recipients.

Continuation of $30 Disregard from Earned Income

OBRA limited the allowance of the "$30 + 1/3" work incentive disregard to just four months. The DEFRA legislation requires the continuation of the $30 disregard for 8 more months, ending after the 12th month. The "plus one third" disregard was still limited to four months. This provision can be seen as an attempt to loosen some of the eligibility requirements imposed by OBRA.

Work Transition Status

Under OBRA, families that were terminated from AFDC due to a discontinuance of the "$30 plus 1/3" disregard after four months, also lost categorical eligibility for Medicaid. Under the new legislation, such families will now gain "work transition status" and be provided with Medicaid coverage for an additional nine months. To grant this status, the State must determine that the family would have continued to be eligible for AFDC if the $30 plus 1/3 disregard had continued to be applied. Also, the family must disclose any private health insurance coverage they possess at the time of application. DEFRA also gave the States the

Example 3

Determination of eligibility and benefits for AFDC pre and post OBRA

Recall that the Jones family has total monthly income equalling $725, and that Ms. Jones has monthly work expenses of $80 and monthly child care expenses of $200.

Assume that the Jones' live in State C, where the need standard is $485 for a family of three, and the payment standard is calculated by applying a ratable reduction of 80% to the need standard. Therefore, a family of 3 with no income can receive a maximum AFDC cash payment of $388 (80% of $485).

Given these circumstances, the following illustrates how eligiblility and benefits would be calculated for the Jones family prior to, and after implementation of, the OBRA rule changes.

PRE-OBRA

No Limit on amount of gross income a family can earn, and still be considered for AFDC eligibility.

$725.00	Monthly Income
- 30.00	$30 Disregard
$695.00	
x 33%	
$229.35	1/3 Disregard
$695.00	
-229.35	1/3 Disregard
$465.65	
- 80.00	Work Exp Disregard
$385.65	
-200.00	Child Care Disregard
$185.65	Monthly Countable Income

POST-OBRA

$485 Need Std.
x150% Gross Income Limit
$727.50

Gross Income Limit>Jones' income
$727.50 > $725

Note: The Jones' barely get past the 150% gross income test. If the family had just $2.50 more income per month, they would be automatically disqualified.

$725.00	Monthly Income
- 75.00	Work Exp Disregard
$650.00	
-160.00	Child Care Disregard
$490.00	
- 30.00	$30 Disregard
$460.00	
x 33%	
$151.80	1/3 Disregard
$460.00	
-151.80	1/3 Disregard
$308.20	Monthly Countable Income

PRE-OBRA		POST-OBRA	
$388.00	Payment Std.	$388.00	Payment Std.
-185.65	Countable Income	-308.20	Countable Income
$202.35	AFDC Cash Benefit	$ 79.80	AFDC Cash Benefit
$725.00	Monthly Income	$725.00	Monthly Income
+202.35	AFDC Cash Benefit	+ 79.80	AFDC Cash Benefit
$927.35	Total Monthly Earned/ Unearned Income	$804.80	Total Monthly Earned/ Unearned Income

At this point we can compare the Jones' situation pre and post OBRA. After the new rules are implemented, the family's benefit check is reduced from $202.35 to $79.80 per month, a decrease of $127.55, or 61.5%. Their total monthly earned and unearned income decreases by almost 14%, from $927.35 to $804.80.

The impact of OBRA does not end here however. After receiving AFDC for four consecutive months, the "$30 + 1/3" disregard is no longer allowed. As illustrated below, without this exclusion the Jones' monthly countable income is over the State need standard. Thus the family loses AFDC and, in turn, Medicaid.

$725	Monthly Income
- 75	Work Exp Disregard
$650	
-160	Child Care Disregard
$490	Monthly Countable Income

Countable Income > Need Standard
$490 > $485

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option of extending this coverage for an additional six months for such families. Of all the DEFRA changes, this change probably has the most potential for increasing Medicaid caseloads and outlays.

Note: Medicaid statutes allow for a four month extension of Medicaid coverage for persons who lose AFDC eligibility when increased earnings place them over the State's need standard, even when the $30 plus 1/3 disregard is applied. Such cases will most likely be considered separately from those qualifying for work transition status.

185% Gross Income Limitation

OBRA limited eligibility for AFDC to families with gross incomes at or below 150% of a State's need standard. Under DEFRA, the gross income limit (income before application of any disregards) is increased to 185% of the State standard of need, thereby making it somewhat easier for families with earned income to qualify for benefits.

Work Expense Deduction

For recipients employed full-time, OBRA required that the States disregard the first $75 per month to cover work expenses. States were given flexibility to determine lower disregard amounts for persons employed part-time. To help lessen the financial burden on this second group, DEFRA required that States disregard the first $75 of monthly earnings for both full and part-time employment.

C. Resources Limits

To be eligible for AFDC, families can possess only a limited amount of resources. Prior to OBRA, each State had the flexibility to establish limits on the amount of resources a person or family could possess and still qualify for AFDC. Allowable resource limits and the manner in which they were applied varied greatly among the States. While all States set dollar value limits on liquid assets, such as bank accounts, and miscellanious personal property, some States established separate dollar value limits for particular items, such as a home or automobile. Others States excluded such property completely (i.e., the value of such property was not considered in determining whether the family's resources exceeded the limits). For example, the State of Wyoming, in 1980, set a total dollar limit on "non-home real and personal property" of $750, regardless of family size. In the same year, Nebraska allowed a family of 4 to possess $2250 worth of such property, and allowed $25 more for every additional family member.

- OBRA Changes Impacting Resource Limits

Uniform Resource Limits

OBRA created uniform resource limits for all the States. Under the new legislation, families can now possess a home of any value, one automobile worth up to $1500, and other real and personal property essential for day-to-day living worth up to $1000 (eg - furniture, clothing, cash).

- DEFRA Changes Impacting Resource Limits

Exclusion of Burial Plots, Funeral Agreements, and Certain Property

One provision under the Deficit Reduction Act of 1984 affected AFDC statutes as they apply to resource limits. The new provision stated that the allowable resources which an AFDC family is permitted to hold are expanded to include one burial plot per family member, funeral agreements, and any real property which the household is making a good faith effort to sell.

D. Optional Eligibility Groups Within AFDC Statutes

States have the flexibility within their AFDC programs to decide whether or not to extend cash benefits to three groups who are financially eligible to receive AFDC coverage but do not fit into the basic categories that State are required to cover. These groups are:

- Families with Unemployed Parents;

- First Time Pregnant Women with No Other Children; and

- Dependent Children Attending School.

When a State chooses to include any or all of these groups in their AFDC programs, they must also automatically include them in their Medicaid programs. In 1982, 23 States covered families with unemployed parents, 29 States covered first-time pregnant women, and 37 States covered children who are attending school (Clinkscale et al, 1983). Appendix A provides a complete listing of States which have chosen to extend AFDC coverage to the above three optional groups. Data is for the years 1978-1984.

- OBRA Changes Affecting Optional AFDC Groups

The following OBRA changes, while less income and resource related, and less directed towards the working poor, still served to restrict eligibility for numerous potential recipients. (Evaluation of impact will appear in Sections 4 and 5).

Families with Unemployed Parents

AFDC eligibility for families with an unemployed parent (AFDC-UP) was limited by OBRA to families whose "principal earner" is unemployed. The principal earner, defined as that parent who earned the most income during the preceding 2 years, must be registered for a work training program to remain eligible. OBRA altered terminology so as to clarify program intent. Prior to 1981, the title of this AFDC option was "unemployed father". The change from "unemployed father" to "unemployed parent who is the principal earner" was designed to remove any gender bias and to clarify that a dependent child must be deprived of the support of the family's primary breadwinner, not just of the support of one of two working parents.

In 1982, AFDC-UP recipients comprised roughly 8% of all AFDC cash recipients for the average State choosing to extend coverage to this group (Rymer et al, 1984).

First Time Pregnant Women with No Other Children

Prior to OBRA, States had the option of providing AFDC and thus Medicaid coverage to pregnant women with no other children. Depending on each State's policy, this coverage could begin as soon as the pregnancy was medically verified, or at some later point during the pregnancy. OBRA limited this option by forbidding any cash payments until the 6th month of pregnancy. Under Medicaid statutes, States still have the option of providing Medicaid-only coverage to these women, from the point of medical verification. Only cash (AFDC) eligibility is restricted under OBRA.

Dependent Children Attending School

Prior to OBRA, children in AFDC families could, at State option, remain eligible for benefits between the ages of 18 and 21, as long as they were regularly attending a secondary school or college. OBRA limited this option by stating that only children under 19 years of age could retain eligibility, and then only if they were attending a secondary or vocational school full-time and expected to complete their program of study before reaching age 19. Note that college attendance is no longer an allowable reason for retaining AFDC eligibility.

E. Other AFDC-Related Medicaid Coverage Groups

States are either required, or have the option to extend Medicaid to a number of other smaller groups of AFDC-related individuals. These groups however, were not affected by OBRA, TEFRA, and DEFRA, and thus will not be discussed at length in this paper. A list of these groups appears below.

Miscellaneous Mandatory Coverage Groups

- Children for whom adoption assistance or foster care maintenance payments are made under Title IV-E.
- Members of a 1972 "pass-through" group.
- Individuals ineligible for AFDC due to more restrictive rules which do not apply under Medicaid, such as lien laws.

Miscellaneous Optional Coverage Groups

- Persons in medical institutions.
- Persons eligible for cash assitance but who choose not to receive it.
- Persons who have child care paid for by State agencies.
- Persons ineligible for AFDC due to restrictive State rules.

For the interested reader, a more complete discussion of these groups appears in Appendix D.

II. OTHER LEGISLATIVE CHANGES IMPACTING MEDICAID/AFDC ELIGIBILITY

OBRA, TEFRA, and DEFRA contained numerous other provisions which affected eligibility policy in the AFDC program. The OBRA and TEFRA changes, while most likely not affecting the vast majority of applicants and recipients, were devised so as to restrict, however marginally, the ability of some persons to qualify for benefits. Additional legislative changes under DEFRA, on the other hand, can be viewed as an attempt to offset the negative effects of certain previous changes.

Other legislative changes affecting AFDC recipients under OBRA included:

- Required Retrospective Budgeting and Monthly Reporting
- Counting Income of Stepparents
- Counting Earned Income Tax Credits as Income
- Disqualifying Recipients who Participate in Strikes
- Applying Lump Sum Income to Future Months
- Authorizing Community Work Experience Programs
- Limiting Eligibility of Aliens
- Prohibiting AFDC Cash Payments of less than $10

- Instituting Work Requirements for Children
- Counting Food Stamps/Housing Subsidies as Income

Other legislative changes affecting AFDC recipients under TEFRA included:

- Not Allowing Service in Uniformed Services to Qualify Family As Dependent
- Rounding Need Standards and Benefit Amounts to Next Lowest Dollar

Other legislative changes under DEFRA affecting AFDC recipients included:

- Including Parents and Siblings of Dependent Child in Filing Unit
- Exclusion of Earned Income of Full-Time Students
- Clarifying Definition of Earned Income
- Loosening Requirements for Retrospective Budgeting and Monthly Reporting
- Clarifying Treatment of Earned Income Tax Credits
- Clarifying Treatment of Lump Sum Income
- Reimbursement of Child Care Costs for Persons Participating in Community Work Experience Programs
- Further Limitation of Eligibility of Aliens

For a more detailed discussion of these legislative changes, see Appendix C.

NOTE: Appendix E provides detailed diagrams which illustrate the:

- process for determining eligibility for AFDC cash assistance, pre and post OBRA;
- calculation of countable income for AFDC eligibility determination, pre and post OBRA; and
- Medicaid eligibility determination process for AFDC-related families and children.

SECTION 2: MEDICAID ELIGIBILITY - SSI-RELATED RULES AND RELEVANT LEGISLATION

I. MANDATORY ELIGIBILITY FOR MEDICAID

Federal Medicaid rules require that recipients of Supplemental Security Income (SSI) cash payments be given medical assistance by States with Medicaid programs. States have options, however, about the process by which SSI recipients become eligible for Medicaid and also have the authority to supplement federal SSI payments. The following section will describe the various rules of the SSI program and indicate how such rules were affected by the recent legislative changes.

A. Medicaid Coverage for SSI Recipients

Until 1974, States administered aid to the aged, blind, and disabled under the OAA, AB, and APTD programs. As in AFDC, States had similar power to establish eligibility and cash assistance standards. Under the Social Security Amendments of 1972, (P.L. 92-603), the Federal program of SSI was established, whereby cash assistance eligibility for the aged, blind, and disabled was determined under uniform Federal codes. For the purposes of determining Medicaid eligibility, States were given three options:

- to automatically make all SSI recipients eligible for Medicaid (Option 1634); or
- to require all SSI recipients to file separate applications for Medicaid (with no more stringent requirements than for SSI eligibility); or
- under the Section 209(b) option, to limit eligibility for Medicaid to individuals who meet requirements that are more restrictive than those of SSI, but no more restrictive than those the States had in place in 1972.

Most States (30) give automatic Medicaid eligibility to SSI recipients. Six States require SSI recipients to file separate Medicaid applications, mainly as a means of maintaining complete State control over the eligibility determination process. The 209(b) option is used by 14 States.

States selecting the 209(b) option make eligibility for SSI more difficult to attain through a variety of methods. For example, many States require that applicants meet more restrictive definitions of disability or blindness. Some States will not extend benefits to blind or disabled children under age 18. Many States allow less generous income exclusions or use tighter resource limits than those allowed under SSI.

In 1982, 209(b) States had 20% fewer aged and 30% fewer disabled Medicaid recipients than the average 1634 State. While 209(b) States may realize some cost-savings as a result of providing for fewer total recipients, actual savings are less than might be expected. On a per-capita basis, expenditutes for aged and disabled recipients were 25% and 16% higher respectively in the average 209(b) State than in the average 1634 State. Such data suggest that the more restrictive 209(b) option, while successful in reducing caseloads, fails to screen out high-cost utilizers of Medicaid services (Rymer et al, 1984).

B. SSI Eligibility/Benefit Determination

To become eligible for SSI, applicants must meet the appropriate categorical definitions described in the introduction, as well as pass specific income and resource tests similar to those under AFDC.

Payment Levels

Federal rules establish what are called "payment levels" for individuals and couples. These levels are analogous to AFDC payment standards, in that applicants must have countable income below this level in order to qualify for SSI cash assistance. SSI benefits are paid from federal funds to all eligible SSI recipients. Federal SSI payment levels are the same for all eligibles across the country.

States are either required, or have the option to, supplement these federal payments depending on the following two circumstances:

- First, if a State paid more cash to a recipient in 1973 under the OAA, AB, or APTD programs than the federal government pays under SSI, the State is required to pay the difference so that recipients are protected from financial hardship caused by a decrease in assistance. Such payments are called Mandatory State Supplements.

- Second, a State may consider the federal SSI payment insufficient, and may choose to supplement this assistance with additional State funds. This type of payment is called an Optional State Supplement.

In both cases, applicants qualify for cash assistance when countable income is below the supplemented payment level. States must provide Medicaid coverage to recipients of mandatory supplement payments, and have the option of providing Medicaid to recipients of optional state supplements.

Income Disregards

In determining eligibility and in calculating cash benefit amounts, SSI applicants are given a "general disregard" of $20. This amount can be disregarded from any source of income, either

earned or unearned. Additionally, applicants are allowed to disregard $65 of any earned income, as well as 1/2 of any remaining earnings. These disregards are the same for individuals and couples. Example 4 provides an illustration of this calculation.

C. Resource Limits

As a condition of eligibility, SSI recipients in all States (except for those choosing to restrict eligibility under the Section 209(b) option) are subject to uniform resource restrictions, and are allowed uniform income exclusions. Prior to OBRA, TEFRA, and DEFRA, federal regulations allowed an individual to possess resources worth $1500 and still qualify for assistance. Couples were allowed to possess resources worth $2250. Excluded from consideration as resources are a home of any value, household goods and personal effects worth under $2000, an automobile worth less than $4500, property essential for self-support, and life insurance with a value up to $1500.

- TEFRA Rule Changes Affecting Resource Limits

Transfer of Assets

TEFRA allowed States the option of enacting rules which would deny Medicaid eligibility to persons who dispose of their home for less than fair market value before entering an institution. This provision built upon the Boren-Long Amendment to the Social Security Act which, in 1980, forbade persons from transfering assets for less than fair market value within 24 months prior to applying for assistance. Under this amendment, the definition of assets was that used under the SSI program, which did not include the home. This new TEFRA provision included the home among those assets which could not be transfered to relatives or friends in order to qualify for Medicaid benefits. The provision states that the period of ineligibility is 24 months from the date on which the transfer took place. States are allowed to deny eligibility for longer or shorter periods, if the uncompensated value of the home is greater or less than the cost of the 24 months of Medicaid benefits.

Exclusion of Burial Plots and Certain Funds Set Aside for Burial Expenses

TEFRA amended the SSI resource rules to provide that, in determing eligibility, burial spaces for an individual and his /her immediate family are not to be counted as an asset or resource. As well, burial funds specifically set aside for this purpose are to be excluded up to a value of $1500 each for the

Example 4

SSI eligibility and benefit determination

Mr. Sands is 35 years old and is blind. He is able to work part-time and earn $400 per month. In 1984, the federal government paid $314 to SSI recipients living independently. The State in which Mr. Sands works does not supplement the Federal SSI payment. In this case, eligibility and benefit amounts would be calculated as follows:

$400.00 Monthly Earned Income
- 20.00 General Disregard
$380.00
- 65.00 Earned Income Disregard
$315.00
-157.50 1/2 of Remaining Earnings Disregarded
$157.50 Countable Income

At this point Mr. Sands is declared eligible, for he has countable income less than the SSI payment level for an individual. Calculating his cash benefit would proceed as follows:

$314.00 SSI Payment Level
-157.50 Countable Income
$156.50 SSI Cash Benefit

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individual and spouse. Funds set aside would reduce, dollar for dollar, the excludable value of life insurance policies or irrevocable burial contracts which may have been previously excluded from consideration as an asset or resource.

- DEFRA Rule Changes Affecting Resource Limits

Increased Asset Limit

Under the DEFRA legislation, the countable asset limit is to increase by $100 per year for individuals, and $150 per year for couples, beginning in January 1985 and continuing through 1989. Thus, the target resource limits in 1989 will be $2000 for individuals and $3000 for couples. The increase in assets is intended to provide recipients with improved means for dealing with unexpected urgent needs or financial emergencies. Appendix B provides a complete listing of SSI/State Supplement Payment Levels, Income Disregards, and Resource Limits by State for the years 1978 through 1984.

D. Other SSI-Related Medicaid Coverage Groups

As with the AFDC program, States are either required, or have the option to extend Medicaid to a number of other, smaller groups of SSI-related individuals. These groups, however, were not affected by OBRA, TEFRA, and DEFRA, and thus will not be discussed at length in this paper. A list of these groups appears below.

Miscellaneous Mandatory Coverage Groups

- Individuals ineligible for SSI due to more restrictive rules which do not apply under Medicaid.
- Individuals who receive only mandatory state supplements.
- Certain "grandfathered" groups.
- Members of the 1972 "pass-through" group.
- Members of the 1977 and subsequent "pass-through" groups.

Miscellaneous Optional Coverage Groups

- Individuals who receive only optional state supplements.
- Persons in medical institutions.
- Persons eligible for cash assistance who choose not to receive it.

- Persons receiving care under home and community based waivers.

For the interested reader, a more complete discussion of these groups appears in Appendix D.

II. OTHER LEGISLATIVE CHANGES AFFECTING MEDICAID/SSI ELIGIBILITY

OBRA and TEFRA contained other changes which affected SSI eligibility policy, and thus can be seen as potentially important for the Medicaid program.

Medicaid Coverage of Home Care for Certain Disabled Children

Perhaps the most significant SSI-related change under TEFRA, made coverage of this group optional for the States. This provision grew out of a controversy surrounding the case of Katie Beckett. Katie, a disabled child under age 18, was receiving Medicaid reimbursed care in a hospital. Because of the nature of her disability, it would have been possible to treat her at home with lower cost care. However, since Katie would not have been eligible for Medicaid if she was at home, and the Beckett's could not afford the home care, the family was forced to leave Katie in the hospital where she received care at a much higher cost. The case was widely publicized, and this TEFRA rule was designed to address this and similar situations.

Specifically, the provision provides States with the option of covering under Medicaid certain disabled children under age 18 who live at home. To receive such coverage, the State must determine that the child would have otherwise been eligible to receive Medicaid coverage in an institution, that it is appropriate and feasible for the child to receive the proper level of care outside the institution, and that the cost of care at home will be no more expensive than it would be in the institution.

It is important to note that States were able to provide Medicaid coverage for home care for chronically ill individuals prior to this TEFRA provision in three ways. When the Katie Beckett controversy first arose, States could apply on a case by case basis to the Secretary of the Department of Health and Human Services (DHHS) for a special waiver for this type of care. Such cases were reviewed by a special "Katie Beckett review board". Under the authority of Section 2176 of OBRA, States could also apply to DHHS for "model waivers", which allowed States to cover up to 50 individuals with special needs. Finally, Section 2176 authority also allowed States to apply for broader home and community based waivers which could cover an unrestricted number of individuals. This TEFRA provision differs from the above three options by authorizing States to write coverage of home care for certain disabled children directly into their Medicaid State plans, thus enabling them to handle such cases internally, without special application to DHHS.

Less significant legislative changes included the following:

- Mandatory Retrospective Budgeting under OBRA
- Rounding Benefits and Income to the Next Lowest Whole Dollar Under TEFRA

For a more complete discussion of these changes, see Appendix C.

SECTION 3: MEDICAID-ONLY ELIGIBILITY - MEDICAID RULES AND RELEVANT LEGISLATION

I. OPTIONAL ELIGIBILITY FOR MEDICAID

Medicaid statutes allow the States the flexibility to extend Medicaid-only coverage to individuals who do not meet the categorical requirements of the AFDC and SSI programs. The following section describes the optional coverage groups and how they were affected by recent legislation.

A. The Medically Needy Option

One of the biggest decisions a State must make is whether or not to include in its Medicaid program, coverage of the "medically needy". This medically needy option, if chosen, allows States to extend Medicaid coverage to persons who:

- meet all the criteria for categorically needy assistance except those of income and/or resources; and
- who have also incurred relatively large medical bills and need assistance with the payment of those bills.

A State deciding to cover the medically needy effectively removes the income eligibility ceiling for its Medicaid program, and thus opens the door to a significantly larger group of potential eligibles. According to 1982 data, the medically needy accounted for 17.1% of all recipients and 36.4% of all expenditures in the 30 States that had medically needy programs at that time . These statistics tend to overstate the effects of the medically needy option however, for most institutionalized medically needy recipients would probably qualify for Medicaid coverage even in States without medically needy programs. This is due to the fact that all States have provisions in their Medicaid programs to provide assistance to institutionalized individuals who are not eligible for AFDC or SSI, (discussed above in Sections 1 and 2). When this overlap is considered, the real effect of choosing to institute a medically needy program seems to be an increase in enrollment of about 6%, with the average cost of these "non-institutionalized medically needy" recipients being about 1.8 times that of the normal categorically needy recipient (Rymer et al, 1984).

As with the AFDC and SSI programs, the process of qualifying for medically needy Medicaid coverage revolves around the meeting of certain financial criteria.

Medically Needy Income Levels

States with Medically Needy programs must establish financial criteria called "medically needy income levels" (MNILs). Unlike the cash programs however, where payment standards and

payment levels represent the maximum amount of assistance a recipient can receive from the welfare program, MNILs represent the maximum amount of income a recipient can keep and still receive Medicaid benefits. In other words, the MNIL represents a protected income level.

Each State has the authority to set MNILs which must vary by family size. By law, these levels must be at least equal to the AFDC payment standard for a family of the same size, but no larger than 133 1/3% of the largest cash assistance payment actually made to a family of that size. It is possible for a family to possess income which lies somewhere between these upper and lower limits, in which case they automatically qualify for medically needy benefits. In the vast majority of cases however, families possess income in excess of the appropriate MNIL, and thus must "spend down" to that protected income level.

Spending Down

Spend-down refers to the process whereby persons must incur medical expenses equal to the amount by which their income exceeds the MNIL. This amount is referred to as the "spend-down liability". Once an individual incurs the total amount of this liability, Medicaid takes over and pays for any additional covered medical services.

In the operation of their medically needy programs, States must establish accounting periods, or "spend-down time periods", which can range from 1 to 6 months. At this point the process becomes not only confusing, but also potentially inequitable, for different length accounting periods can result in recipients having to pay very different amounts of money out of their own pockets. Example 5 provides an illustration of the spend down process.

Disregards and Resource Limits

Income disregards to be used in determining medically needy eligibility must be the same as those used in cash programs for the categorically needy. The only exception to this rule is that the AFDC earned income disregard ($30 + 1/3) cannot be used.

States can set any resource levels they see fit, as long as they are the same for all covered groups and at least as liberal as the highest limits allowed for cash recipients in the State.

Example 5

Spend-down process: 1 and 6 month accounting periods

Mrs. Hearn is retired, and receives a fixed income of $300 per month. In the State where Mrs. Hearn lives, the medically needy income level for one person is $250, and the spend-down time period is one month. This means that Mrs. Hearn's spend-down liability is $50 each month. A chronic ailment creates a situation whereby Mrs. Hearn must incur medical expenses in a three month cyclical pattern of $100 the first month, $50 the second month, and no expenses the third month. This pattern repeats itself every three months. Mrs. Hearn's spend-down experience over a six month period would proceed as follows:

Month	Spend-Down Liability	Medical Costs	Costs Incurred by Mrs. Hearn	Cost to Medicaid
1	$50	$100	$50	$50
2	$50	$ 50	$50	$ 0
3	$50	$ 0	$ 0	$ 0
4	$50	$100	$50	$50
5	$50	$ 50	$50	$ 0
6	$50	$ 0	$ 0	$ 0
Total:	$300	$300	$200	$100

Mrs. Hearn receives Medicaid assistance in 2 of the 6 months, and spends $200 of her own money on medical care. Different length accounting periods however, can affect the amount of liability medically needy recipients face. Assume that Mrs. Hearn lives in a State with a 6 month spend-down time period. Again, Mrs. Hearn's monthly income exceeds the MNIL by $50. In this State however, her spend-down liability would be calculated by multiplying this excess $50, by the 6 month period. Therefore, Mrs. Hearn would have a spend-down liability of $300, ie, she would have to incur $300 worth of medical expenses before Medicaid would begin picking up the tab. As the following table illustrates, Mrs. Hearn does not incur the full amount of her liability until the 6th month, and therefore receives no assistance from Medicaid in paying of her bills.

Month	Spend-Down Liability	Medical Costs	Costs Incurred by Mrs. Hearn	Cost to Medicaid
1	$300	$100	$100	$ 0
2	$200	$ 50	$ 50	$ 0
3	$150	$ 0	$ 0	$ 0
4	$150	$100	$100	$ 0
5	$ 50	$ 50	$ 50	$ 0
6	$ 0	$ 0	$ 0	$ 0
Total:	$300	$300	$300	$ 0

Covered Groups and Services

Prior to OBRA, States with medically needy programs were required to provide coverage to all eligible persons who, except for income and resources, would otherwise qualify for the categorically needy-related cash programs. In addition, Medicaid statutes required that services for all medically needy groups had to be comparable in amount, duration, and scope. States had to offer a minimum number of services, and a mix a institutional and non-institutional care services to the medically needy population. Appendix B provides a complete listing of Medically Needy Income Levels, Resource Limits, and Spend-Down Time Periods by State for the years 1978-1984.

- OBRA Changes Affecting Medically Needy Programs

OBRA contained one provision which significantly changed the above rules.

Increased Flexibility in Medically Needy Programs

OBRA repealed requirements that: a) States must provide coverage to all medically needy groups, if they cover any such group, b) services for all medically needy groups must be comparable in amount, duration, and scope, c) States must offer a minimum number of services to the medically needy population, and d) States must offer a mix of institutional and noninstitutional care services. Instead, OBRA placed relatively looser restrictions around Medically Needy rules. States providing medically needy services to any group were told that they must also provide ambulatory services to children, and prenatal and delivery services to pregnant women. If a State chooses to provide institutional services to any medically needy group, it must provide ambulatory services as well to the same group. Finally, if a State chooses to offer medically needy coverage for persons in Intermediate Care Facilities for the Mentally Retarded (ICFs/MR), it must also provide to all medically needy groups the same mix of institutional and noninstitutional services as required prior to OBRA.

The important point to remember regarding this provision is that it allowed, rather than required, States to make changes. As will be discussed in Section 4, States have not responded to this increased flexibility to any great extent.

NOTE: Appendix E provides a detailed diagram illustrating the eligibility determination process for the medically needy.

B. Ribicoff Children

States have the option of extending Medicaid coverage only to another large group of persons, commonly referred to as "Ribicoff Children". These children are so-named because initiating legislation for their coverage was sponsored by Senator Ribicoff. Ribicoff children are poor enough to qualify for AFDC, but do not meet the categorical definition of "dependent children". In other words, these are poor children who come from intact, 2 parent families, or are institutionalized, or are in foster homes, or have their adoptions subsidized by a public agency. States have the option of covering all of these children, including or excluding the unborn child, or can choose to cover only some of the "reasonable categories" described above.

In 1982, Ribicoff children comprised just under 4% of all Medicaid recipients and accounted for about 2% of all Medicaid expenditures. Providing Medicaid coverage to Ribicoff children costs on average about twice as much as providing such coverage to the average AFDC child. Those States choosing to cover all Ribicoff children, rather than "reasonable categories", generally double the size of this recipient group (Rymer et al, 1984).

- OBRA Changes AFfecting Ribicoff Kids

Prior to OBRA, States covering Ribicoff children had to cover anyone under the age of 21 who met the State's appropriate definition. OBRA allowed States to limit coverage by age maximums as well as by reasonable category, by selecting an upper age limit of either 21, 20, 19, or 18.

C. Deemed AFDC Recipients

Three groups of people can be "deemed" as AFDC recipients. This means that although these groups are not to receive AFDC cash benefits, they still resemble AFDC-type families and are thus to be extended Medicaid benefits as if they were cash recipients.

First Time Pregnant Women

First time pregnant women who would be eligible for AFDC once the child is born can be deemed AFDC recipients at State option. Such women usually become eligible for Medicaid as soon as their pregnancy is medically verified.

Participants in Work Supplement Programs

States also have the option of "deeming" participants in work supplement programs so that they can receive Medicaid benefits. In 1983, only 3 States (Hawaii, Kentucky, and Wisconsin) had such programs and deemed such participants.

Families Denied AFDC Because Payment is less than $10

An OBRA rule change in AFDC statutes mandated that no AFDC cash payment could be made for an amount less than $10. The same provision required that all States deem Medicaid coverage to any family who is denied AFDC eligibility solely because their cash payment would be less than this $10 amount.

D. Children Between 18 and 21 Years of Age in AFDC Families

Before OBRA, States were required to extend Medicaid coverage to all children between the ages of 18 and 21 who would have been eligible for AFDC if they were under age 18, or were attending school (regardless of whether or not the State extended AFDC cash benefits to children age 18 attending school).

- OBRA Changes Affecting Children Between 18 and 21 in AFDC Families

OBRA made coverage of these children optional for the States, and allowed the States to set an upper age limit for this coverage group of 21, 20, 19, or 18.

II. OTHER LEGISLATIVE CHANGES IMPACTING MEDICAID-ONLY ELIGIBILITY

The DEFRA legislation contained three provisions which will significantly impact eligibility for Medicaid-only recipients. The most far reaching of these rules required States to extend Medicaid coverage to certain categories of pregnant women, and to all children under 5 years of age.

Medicaid Coverage for Pregnant Women and Young Children

One of the more important modifications contained in DEFRA required States to extend coverage to two groups of persons who previously became eligible for Medicaid only at State option. Prior to the legislation, categorical eligibility for Medicaid was given to women and children receiving cash under AFDC. States had the option to extend Medicaid coverage to other groups meeting AFDC income and resource requirements, including: 1) first time pregnant women who would be eligible for AFDC if the child were born, 2) two parent families with an unemployed principal earner, 3) pregnant women in two parent families, and 4) children under age 18 or 21 in intact, two parent families (Ribicoff children).

New rules require that States provide categorically needy Medicaid eligibility to: 1) first time pregnant women who would be eligible for AFDC if the child were born, 2) pregnant women in two parent families where the principal earner is unemployed, and 3) all children born on or after 10/1/83 up to age 5 in two parent families. The last provision is to be phased in under 1 year increments, so that in FY 1985, all one-year old children

will be covered; in FY 1986, all two-year olds receive coverage; etc. Regular federal matching rates will be applied to these new coverage groups.

Presently, AFDC-related adults and children comprise just under 70% of all Medicaid recipients, yet this group accounts for only about 25% of total Federal and State Medicaid expenditures. Given this, as well as the fact that several large states already cover the above eligibility groups, it is highly probable that this rule change will result in only modest increases in caseloads and outlays for some States.

Less significant DEFRA rule changes included:

- Medicaid Entitlement for Certain Newborns
- Mandatory Assignment of Rights

For a more complete discussion of these changes, see Appendix C.

SECTION 4: STATE RESPONSES TO LEGISLATIVE RULE CHANGES

This section describes the reactions by the States to selected rule changes under OBRA, TEFRA, and DEFRA. The following classification system is employed:

- Mandatory provisions imposed on all States. Most of the OBRA and TEFRA changes for the AFDC program were in this category. For example, all States were required to impose gross income limitations, to restructure income disregards, and to limit allowable resources.

- Required rule changes affecting optional provisions. The limitations placed upon AFDC coverage for first time pregnant women, and dependent children attending school, are examples of this category. Only States with such optional provisions already in place, or States which elect to cover these optional groups in the future would be affected by provisions in this category.

- Provisions providing the States with new flexibility. Allowing States increased flexibility in the operation of their medically needy programs falls into this category of rule change.

Dividing legislative rule changes into these categories facilitates analysis by clarifying which States were impacted by which provisions. The following discussion indicates that mandatory provisions imposed on all States affected eligibility policy to the greatest extent.

Analysis in this section utilizes HCFA 2082 data[1]. These data are reported to the Health Care Financing Administration annually by States, and summarize expenditures and recipients by type of service and major eligibility category.

I. MANDATORY LEGISLATION AFFECTING ALL STATES

A. Raising Need Standards to Offset Effects of 150% Gross Income Limit

With the imposition of a gross income limit under OBRA, AFDC recipients with income over 150% of the State's need standard, who had previously qualified for aid after disregarding high work expenses, were suddenly faced with the prospect of losing both AFDC and Medicaid benefits.

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[1] These data have been cleaned and assembled on a magnetic data tape available from HCFA's Office of Financial and Actuarial Analysis. Tabulations reported here were provided by Pamela Walker of Syracuse University's Medicaid Program Evaluation team.

Many States viewed the potential impact of such a rule as very negative, and took action to offset some of those negative effects. This action took the form of raising need standards dramatically, while keeping payment standards relatively stable. In this way, recipients with higher gross incomes were protected from disqualification due to the higher 150% cap. At the same time, by keeping payment standards stable, States avoided the necessity of spending any more money on these recipients than they had prior to OBRA.

Table 2 illustrates the rate of growth of need standards for a family of 2 after OBRA implementation.

In 1979 and 1980, the mean rate of growth in need standards across the 50 states was 5.2% and 4.9% respectively. In both years, close to half of all States did not raise need standards at all, while only 2 States in each year raised their need standards 20% or more.

In 1981 however, the mean growth in need standards more than doubled to 12.7%, specifically due to the actions of 9 States which raised their need standards dramatically. While half the States still did not change their standards from the previous year at all, States such as Alabama and North Carolina increased their level of need by 100%. Other dramatic increases took place in Georgia (90%), Montana (61%), Idaho (50%), Illinois (40%), Colorado (31%), Alaska (27%), and Ohio (21%). In contrast, these same 9 States raised their payment standards by an average of only 9%.

This trend continued in 1982, as six more States increased need standards at much higher than usual rates. For this year, the mean growth rate was 8.8%, still substantially higher than the pre-OBRA period. Marked increases could be noted in Florida (98%), Pennsylvania (72%), Washington (55%), District of Columbia (49%), Maryland (38%), and Mississippi (30%). As in 1981, growth in payment standards lagged far behind that of need standards. In this year, growth in payment standards for the above six States averaged less than 4%.

Even in 1983, one State acted differently from the rest. Texas raised its need standard for a family of two by 248%, while raising its payment standard for this group by only 49%. Whether this was a direct response to OBRA or just an overdue increase (Texas had raised its standards only once in the previous 5 years) is less clear.

In all, 16 States raised need standards dramatically between 1981 and 1983, while keeping payment standards relatively stable. Considered as a whole, these 16 States served 35% of all AFDC eligible Medicaid families. For this group of recipients, a certain amount of protection was extended in the form of higher need standards.

Table 2

Growth in State AFDC Need Standards, family size 2: 1979 - 1983

	Year				
Growth Rate (Percent)	1979	1980	1981	1982	1983
Mean, all States	5.2	4.9	12.7	8.8	7.0
Median, all States	0.0	2.0	0.0	0.0	0.0
	Number of States				
0	27	24	25	31	34
1 - 9	11	18	12	9	11
10 - 19	10	6	4	4	4
20 - 29	1	1	2		
30 - 39	1		1	2	
40 - 49		1	1	1	
50 - 59			1	1	
≥ 60			4	2	1

NOTE: Where possible, observations were made on the first of October for each year. The growth rate represents the percent increase from the previous first of October. Observations in 1981 represent need standards after OBRA implementation.

SOURCE: Author's calculation from OFA (1979-1983).

B. OBRA Limits on Resources

Before OBRA standardized AFDC resource limits across all States, a great deal of variety existed pertaining to what a recipient could and could not own. Some States placed value limits on the ownership of a home, some exempted automobiles, some varied personal property limits by family size. In one way or another, OBRA's standardization affected all 50 States. Table 3 details these affects.

For 11 States, OBRA's allowance of a home of any value represented a loosening of resource limits. Placing a limit of $1500 on the value of an automobile represented a tightening of standards for 41 States, whereas in 4 States, this provision loosened limits. By placing a $1000 per family limit on other personal and non-home real property, 28 States were forced to restrict what had been more liberal allowances. In 9 other States, this was a more liberal standard.

C. Required Medicaid Coverage for Pregnant Women and Children Under DEFRA

By requiring States to extend Medicaid coverage to first-time pregnant women who would be eligible for AFDC if the child were born, pregnant women in 2 parent families with an unemployed principal earner, and all children under age 5 who qualify financially for aid, regardless of categorical definitions, DEFRA forced several States to expand their Medicaid programs beyond existing levels. Table 4 illustrates whether or not States were already covering these newly required groups before DEFRA was enacted.

First-time pregnant women with no other children who would be eligible for AFDC if the child were born, were already covered in the vast majority of States. Such coverage was extended to these women due to deeming provisions (40 States), coverage for the unborn child under the Ribicoff Children option (1 State), or due to coverage of all pregnant women under expanded medically needy programs (2 States). Only 7 States, representing 15% of AFDC-related families in the Medicaid program, will now be forced to provide such coverage under DEFRA.

Prior to DEFRA, pregnant women in 2 parent families where the principal earner is unemployed, were not covered in 21 States, comprising 34% of all AFDC-related adult Medicaid recipients. (Available data do not permit a precise measurement of pregnant women by State. Instead, the percent of AFDC-adults across States serves as a proxy measure for pregnant women, operating under the assumption that pregnancy among AFDC-adults does not vary by State). In the 29 unaffected States, such pregnant women were already provided for either under the Ribicoff Children option covering the unborn child, or because States had an AFDC-UP program already in place. In this latter case, it should be noted that Medicaid is not provided to first time

Table 3

Impact on States of OBRA resource limits for AFDC recipients

Value of Asset	Number of States for which: OBRA Tightened Limits	OBRA Loosened Limits
Home	0	11
Automobile	41	4
Other Personal Property	28	9

Source: Author's calculation from OFA (1980 - 1981)

Table 4

States affected by required coverage for pregnant women and children under DEFRA

States	Prior to DEFRA, States which did not cover: 1st Time Pregnant Women - Would be AFDC	Pregnant Women in AFDC-UP Type Families	All Children Under Age Five
Total	7	21	28
Alabama	.	X	X
Arkansas	X	X	.
Colorado	.	.	X
Delaware	X	.	X
Florida	.	X*	X*
Georgia	.	X	X
Hawaii	.	.	X
Idaho	.	X	X
Indiana	X	X	X
Kansas	.	.	X
Kentucky	.	.	X
Louisiana	X	X	X
Mississippi	.	X*	X
Montana	.	X	X
Nevada	.	X	X
New Hampshire	X	X	X
New Mexico	.	X	X
North Carolina	.	X*	X*
North Dakota	.	X	X
Oklahoma	.	X	.
Oregon	.	X	X
Rhode Island	.	.	X
South Carolina	.	X*	X*
South Dakota	.	X	X
Tennessee	.	.	X
Texas	X	X	X
Virginia	X*	X	X
Washington	.	.	X
West Virginia	.	.	X
Wyoming	.	X	X

NOTE: X = States which did not cover this group prior to DEFRA, and thus will be required to, after DEFRA.
X* = States which passed legislation to cover this group prior to DEFRA, with implementation dates after DEFRA.
SOURCE: Author's calculation from Childrens Defense Fund and Commerce Clearing House data (1983 - 1984).

pregnant women in two parent families who would qualify for AFDC-UP once the child was born.

Mandatory Medicaid coverage for all children under age 5 will impact 28 States. Those 22 States which were unaffected by the new legislation, already covered all Ribicoff children, rather than just "reasonable categories" of such children. In 1982, the 28 affected States covered just 10% of all Ribicoff children, due to their limitation of coverage to reasonable categories. Clearly, the choice to limit Medicaid coverage in this way drastically reduces the number of recipients in this group. By being forced to cover all children under 5, these 28 States will begin to cover a larger proportion of all Ribicoff children in future years.

II. MANDATORY CHANGES AFFECTING OPTIONAL STATE PROVISIONS

A. Age Limits for AFDC Children in School

Prior to OBRA, 36 States extended AFDC cash benefits, and thus Medicaid, to children between the ages of 18 and 21 who were attending school. These same 36 States were forced by OBRA to limit such coverage to children under age 19 (as described in Section 1). The 14 unaffected states (AK, DE, FL, GA, IN, IA, MI, MN, MS, SD, UT, WA, WV, WI) did not, in 1981, extend AFDC to any children over age 18.

AFDC-related children receiving Medicaid in the 36 affected States totalled 7.3 million in 1981, and comprised 79% of all AFDC-related children in the 50 States with Medicaid programs. According to Social Security Administration data, AFDC children ages 18-20 make up 2.7% of all AFDC-related children (Social Security Bulletin, April 1982). Thus, almost 200,000 young adults may have had their AFDC eligibility and Medicaid coverage discontinued after this OBRA limit took effect.

B. AFDC Limits for First-Time Pregnant Women

At the time of OBRA implementation, 34 States chose to extend AFDC cash eligibility to first-time pregnant women with no other children. OBRA regulations limited cash eligibility to the 6th month of pregnancy for women in these States.

While this rule change had severe effects on cash eligibility, it had a much smaller effect on the Medicaid coverage such pregnant women receive. The reason for this is that the vast majority of the States with AFDC provisions for first-time pregnant women also chose to deem Medicaid coverage to such women who would be eligible for AFDC once the child were born. In only 2 States, Delaware and Louisiana, did first-time pregnant women lose not only cash assistance but Medicaid coverage as well.

In 1981, 34 States representing an estimated 73% of all AFDC-related adults, were forced to curtail AFDC cash eligibility for first-time pregnant women as a result of this OBRA restriction. Due to deeming provisions however, all but 2.6% of the potentially affected adults were left unaffected in terms of their Medicaid coverage. (Again, the percent of all AFDC adults across the States serves as a proxy measure for pregnant women in this estimate).

III. OPTIONAL CHANGES FOR STATE PROGRAMS

A. Increased Flexibility for Medically Needy Programs

As described in Chapter 3, OBRA allowed the States greater flexibility in the operation of their medically needy programs. Simply speaking, States were given the power to drop certain coverage groups, as well as certain services, from their medically needy programs.

Since OBRA however, very few States have elected to implement such limitations. Tennessee dropped all coverage for the newly "optional" groups of the aged, blind, disabled, and caretaker relatives. Illinois tried to do the same thing, but was forced to stop implementation due to a court order and pending law suit. Only 3 other States (Hawaii, Virginia, Wisconsin) cut coverage for caretaker relatives, a proportionately small group of recipients.

Between 1982 and 1983, only 6 States cut back on the number of optional services they provided to the medically needy. In that same time period, 10 States actually increased their service provision by adding additional types of services.

One of the most interesting results of this OBRA provision is that it seems to have created an incentive for States to add limited medically needy programs to their State Medicaid Plans. Several States have either implemented, or plan soon to implement, limited medically needy programs to serve pregnant women and children. The States of Oregon, Mississippi, Iowa, South Carolina, Georgia, and Florida fall into this category.

B. Age Limits for Ribicoff Children

Prior to OBRA, States choosing to provide Medicaid coverage to "poor" children not qualified as "dependent", could limit coverage by reasonable category, but had to extend Medicaid to all children under age 21 in those categories. Age distinctions were not considered "reasonable" under federal policy. OBRA gave the States the additional option of limiting this coverage further by imposing an upper age limit of 21, 20, 19, or 18 for all children in the Ribicoff group.

In 1981, 18 States elected to implement this option by imposing an age limit lower than 21 years. These States (AK, AR, GA, HI, ID, KY, MS, NE, NV, NH, NC, OH, RI, SD, TX, UT, WV, WI), covered 9% of all Ribicoff Children in 1981. (For this estimate, all "Other Title XIX" children were considered. While persons other than Ribicoff Children can and do appear in this HCFA 2082 category, the assumption is made that Ribicoff Children make up the same proportion of this group in all States). Unfortunately, data do not permit us to determine which of these children were between the ages of 18 and 21. But it is clear that a significantly small portion of States, relative to all States, elected to limit this type of Medicaid coverage. (It should be noted that in 1983, Ohio and South Dakota raised their age limits back up to 21, thereby offsetting the OBRA impact.)

C. Optional Medicaid Coverage for Children Age 18-20

Prior to 1981, all States were required to extend Medicaid coverage to individuals between the ages of 18 and 21 who would have been eligible for AFDC if they were under age 18 or were attending school. This rule applied to all States, regardless of whether or not they extended AFDC cash benefits to children over 18 attending school.

OBRA made such coverage optional, and permitted the States to limit such coverage to children under 21, 20, 19, 18, or any reasonable category of such children.

States which already covered all Ribicoff children under age 21 (14 States) were not affected by this rule change. In these States, these children continued to receive Medicaid coverage under this optional category rather than under the previously required statute. In response to this legislation, 4 other States created new "reasonable categories" within their Ribicoff Children option, and continued coverage of these children. Thirty-two States however, eliminated this coverage group entirely. In 1981, these 32 States (AL, AR, CO, DE, FL, GA, HI, ID, KS, KY, LA, MN, MS, MO, MT, NV, NH, NM, NC, ND, OH, OR, RI, SC, SD, TX, UT, VA, WA, WV, WI, WY) provided services to over 388,000 AFDC-related children who were not receiving cash benefits. This group represented 40% of all such children. Assuming that children between 18 and 21 years of age comprise 2.7% of this group, (Social Security Bulletin, 1982), it can be estimated that between 10,000 and 11,000, children may have lost Medicaid eligibility due to the States response to this provision.

D. Medicaid Coverage for Children Under 18 Living at Home

TEFRA gave States the flexibility to begin providing Medicaid coverage for certain disabled children under age 18 living at home. To date, this so-called "Katie Becket" provision has been adopted by 11 States (AL, CA, CO, GA, ID, KY, MS, NV, RI, WI, WY).

The long term effects of this expansion are not yet clearly understood. Some analysts have predicted that such coverage will provide, at minimum, a more humane system of health care delivery, and optimally, a low-cost alternative to more expensive institutional care. Others feel that such a provision opens the door to a whole new set of recipients who never would have applied for Medicaid due to institutional restrictions. The long term effects of this provision should become clearer in future years.

E. Transfer of Assets

TEFRA allowed States the option of denying Medicaid eligibility to persons who dispose of their home for the sole purpose of qualifying for benefits.

Since 1982, 45 States have elected to implement such "transfer of assets" rules. This reform will most likely impact aged, and to a lesser degree, disabled SSI or medically needy recipients trying to gain entre into Medicaid reimbursed institutions. In the 45 affected States (all but AL, DE, DC, GA, and NV), 6 million aged and disabled Medicaid recipients reside, comprising nearly 97% of all such recipients across the country.

F. Community Work Experience Programs

Since the enactment of OBRA, 23 States have implemented community work experience programs (CWEPs). Such programs vary greatly from State to State. In 1983, some States operated programs which were statewide, while others limited their geographic scope to just one county or locality. Some programs required all AFDC recipients to participate, while others made participation voluntary. At this time, CWEPs are still quite experimental, and conclusions as to their effectiveness as an employment training mechanism should develop in years to come.

The States which have CWEPs in operation are AL, AK, CA, CO, GA, ID, IA, KY, MI, MN, NM, NY, NC, ND, OH, OK, PA, SC, SD, VA, WA, and WV.

SECTION 5: RESEARCH RESULTS MEASURING THE IMPACT OF OBRA

To date, research efforts studying the various effects of recent legislation on the Medicaid program have focused mainly on the impact of OBRA, and specifically, how the legislation impacted the eligibility of persons receiving Aid to Families with Dependent Children (AFDC) cash benefits. Because all AFDC eligibles are also eligible for health coverage under Medicaid, and because OBRA changes in SSI and medically needy eligibility rules were less significant than those pertaining to AFDC, the results of these studies become critical when undertaking an evaluation of the impact of OBRA changes on Medicaid eligibility.

In FY 1983, just under 15 million AFDC-related individuals, most of them cash recipients, received Medicaid benefits worth over $8 billion. Stated another way, these persons comprised approximately 69.2% of all Medicaid recipients, and accounted for 25.7% of all federal and state Medicaid outlays (HCFA/Bureau of Data Management and Strategy). Clearly, analyzing the impact of OBRA on AFDC populations provides valuable insight into how the Medicaid program was affected.

I. SUMMARY OF RESEARCH DESIGNS

Five research studies provide the bulk of such evaluative information. For background reference, a brief description of each study and its design appears below. The first four studies focused exclusively on AFDC populations and expenditures. The fifth report studied OBRA effects on the entire Medicaid program.

1) "An Evaluation of the 1981 AFDC Changes: Initial Analysis", By the U.S. General Accounting Office, April 2, 1984.

Under a mandate from the House Committee on Ways and Means, the General Accounting Office (GAO) set out to study OBRA's affects on national AFDC caseloads and outlays, the work effort of AFDC recipients, and whether or not the changes in OBRA significantly affected the well being of families who lost AFDC or received reduced AFDC benefits. Aggregated national data were gathered from state welfare agencies, while historical caseload and outlay data were obtained for the years 1973 through 1983 from the U.S. Department of Health and Human Services and the Office of Research and Statistics in the Social Security Administration. For a more in-depth analysis, detailed evaluations of OBRA's effect on individuals and families were performed at five separate sites: Boston, Massachusetts; Dallas, Texas; Memphis, Tennessee; Milwaukee, Wisconsin; and Syracuse, New York. Data were gathered from case records and samples were drawn at 3 points in time: 13 months prior to OBRA, 1 month prior to OBRA, and 11 months after OBRA implementation. As part of this in-depth component, a sub-sample of former AFDC

recipients who lost eligibility due to OBRA were selected at each site. Detailed telephone interviews were conducted.

2) "Final Report: Evaluation of the 1981 Amendments" By the Research Triangle Institute, April 15, 1983.

Under a contract with the Office of Family Assistance, Social Security Administration, the Research Triangle Institute (RTI) undertook an evaluation to determine the effect of OBRA on the work effort of public assistance recipients, the costs to federal and state governments of providing AFDC benefits, and the distribution of AFDC benefits among various recipient subgroups. RTI drew 2 separate national probability samples of AFDC cases. The first sample was tracked from September 1981 through October 1982; the second from September 1980 through September 1981. Collected data provided not only a longitudinal perspective, but also a comparative before/after look at the characteristics of AFDC caseloads prior to and after OBRA. To supplement this data base, RTI also selected a small sub-sample of AFDC cases which appeared to have been discontinued as a result of OBRA rules. Telephone survey interviews were conducted and provided information about the specific experiences of former AFDC families.

3) "The Impact of Federal Cutbacks On Working AFDC Recipients in Minnesota", By Ira Moscovice and William J. Craig, University of Minnesota, December 1983.

The effects of OBRA on working AFDC recipients residing in Minnesota were measured using a random sample of 542 affected families in Hennepin County. Data were gathered through telephone interviews conducted at 3 points in time: in January 1982 (just prior to implementation of OBRA provisions in Minnesota) and at six month intervals (July 1982 and January 1983). Together, survey data provide longitudinal, comparative data on changes in work and grant status, labor force participation, economic status, health care, day care, household composition, housing, and financial emergencies.

4) "Current AFDC Recipient Characteristics and Analyses of Selected Caseload Changes Between May 1981 and May 1982", By Wilbur A. Weder, Division of Research, Evaluation, and Statistics, OPE, OFA.

The Office of Family Assistance (OFA) in the Social Security Administration authorized this study of pre and post OBRA AFDC recipient characteristics. Using data abstracted from the AFDC quality control system, States were asked to submit AFDC-QC case files for the months of May 1981 and May 1982. Analysis was performed in an attempt to measure changes in general characteristics of AFDC caseloads. Special attention was focused on measuring the

changes in AFDC cases with earned income.

5) "The Evolution of State Medicaid Programs", By Jerry Cromwell, et al., The Center for Health Economics Research, June 1984.

Under a grant from the Office of the Assistant Secretary for Planning and Evaluation, DHHS, a comprehensive study of the evolution of State Medicaid programs was conducted. Utilizing HCFA aggregated enrollee and expenditure data, this study analyzed, among other topics, historical State spending on health services, State decisions to fund Medicaid vs. other public and private goods, growth and variation in Medicaid enrollment, service coverage and provider generosity, and inequities in Medicaid tax burden across the States. Another focus, which is of particular relevance to this report, are two multivariate analyses which were performed measuring the impact of OBRA on national caseloads and expenditures.

A summary of the findings of these studies follows and is divided into separate categories of special impact.

II. RESEARCH RESULTS

A. National Impact on Caseloads and Outlays

The effects of OBRA on national Medicaid and AFDC caseloads and outlays appear very substantial.

- Cromwell reports that, after holding other factors like the business cycle constant, OBRA reduced total Medicaid enrollment 2.1% per quarter, or 8.4% per year. OBRA reduced AFDC and non-cash/medically needy enrollment by 10-12% annually.

- While other factors such as unemployment and population growth added to the Medicaid rolls, Cromwell estimates that OBRA provisions led to a decrease of over 2 million total Medicaid enrollees over 1981 and 1982. Approximately 1.9 million of these discontinued enrollees were AFDC cash recipients.

- According to Cromwell, program changes under OBRA constrained Medicaid expenditures in 1982, holding the nominal rate of growth to just 6%. (Historically, expenditures had grown 12% per year prior to OBRA).

- GAO reports that, after OBRA, there were 493,000 fewer AFDC cases open from a base of 3.6 million cases before OBRA. This translates into the outlay of $93 million less per month, from a base of $1 billion per month prior to OBRA.

- According to data gathered by Weder, the percent of cases on AFDC with earned income decreased by 50%, from 11.5% to 5.6% of total enrollment. This represents a decrease in cases of 236,000. Overall, caseload declined from approximately 3.7 million to 3.4 million.

B. Labor Force Participation

The findings of these studies seem to clearly indicate that OBRA drastically affected the eligibility of those AFDC recipients who work.

- RTI reports that 55% of earners in their 1981 sample were off AFDC one year later, after implementation of OBRA. By comparison, only 28% of the 1980 earners were off AFDC by September 1981.

- GAO found that, across the 5 sites of their in-depth study component, 39-60% of working AFDC recipients had their cases closed after OBRA implementation. In addition, 8-48% of working recipients had benefits reduced. Since earners make up such a small proportion of the AFDC caseload, GAO estimates that, overall, OBRA resulted in a 7-14% rate of case closings, and 1-11% rate of benefit reductions.

- Weder found that, between May 1981 and May 1982, caretaker relatives with full-time employment fell from 5.9% of the total AFDC caseload to just 1.2%.

AFDC recipients who did not work were affected to a much lesser degree by OBRA changes.

- RTI reports, that for their 1981 sample, 76% of AFDC non-earners were still receiving benefits one year after OBRA. For the pre-OBRA sample, this percentage was a comparable 83%.

- GAO found that only 1-12% of non-earner cases were closed after OBRA in their 5 study sites, and only 1-6% of this group had benefits reduced.

Even for recipients working part-time, OBRA seemed to have little effect.

- Weder reports that part-time workers made up 3.7% of the May 1981 AFDC caseload, and 3.8% in May 1982.

Many policy analysts feared that the changes to the AFDC program under OBRA would create a disincentive for recipients to continue working. These analysts felt that large numbers of recipients would quit their jobs in an effort to retain benefits. Studies thus far indicate that these negative effects did not materialize.

- In Minnesota, Moscovice and Craig found that 3/4 of respondents no longer on AFDC had not only maintained their employment, but had actually increased their labor force participation. A very small minority of respondents had quit their jobs to maintain eligibility.

- According to GAO findings, only 7-18% of those who originally lost AFDC eligibility had returned to the rolls 12 months later. In Boston, Milwaukee and Syracuse, 77% to 88% of the sample populations were gainfully employed after losing AFDC eligibility. In Dallas and Memphis, the proportions were 63% and 69%. For both samples in the RTI study, rate of job loss was approximately 18%.

- Results of RTI's telephone survey showed that only 8% of those determined ineligible due to OBRA had returned to AFDC at a later date. Eighty-seven percent of the sample were working.

Thus, study results seem to indicate that there was no significant effort by former AFDC recipients to maintain eligibility by stopping work.

C. Economic Status

While the above findings indicate that the great majority of those persons who lost AFDC were able to support themselves by working, it would be a mistake to conclude from this that such persons were, for the most part, unaffected by OBRA changes. For when a person loses AFDC, they also lose Medicaid, credits towards work expenses and child care, and in many cases food stamps. In such cases, increases in earned income often do not offset overall losses of unearned income and related benefits.

- GAO data present a clear picture of the kinds of losses faced by earners after the implementation of OBRA. The average monthly AFDC dollar losses for discontinued earner cases were $71 to $74 in Dallas and Memphis, and $156 to $198 in Boston, Milwaukee, and Syracuse. For earners who received reduced benefits, dollar losses were $46 to $52 in Dallas and Memphis, and $110 to $137 in Milwaukee and Syracuse. (Similar data for Boston was unavailable). An example of how discontinued AFDC recipients could also be affected by loss of food stamps can be seen in Syracuse. Here, 79% of closed AFDC cases had received food stamps worth an average of $81 per month. After OBRA, 72% of these persons lost their food stamp eligibility. The overall effect of these losses can be seen when total monthly earned and unearned income is compared before and after OBRA. Despite increased earnings in many cases, GAO findings determined that total monthly income after OBRA was $115 to $229 per month less, a significant decrease. At the time of the post-OBRA interview, total monthly household income was below the 1983 OMB poverty level in 28-41% of the cases in

Boston, Milwaukee and Syracuse; and in 75-86% of the cases in Dallas and Memphis.

- In Hennepin County, Minnesota, respondents reported that increased earnings generally replaced only 1/2 of the value of previous unearned benefits. After OBRA, the percent of net income spent towards meeting basic needs (food, housing, utilities, day care, medical expenses) increased from 75% to 93%.

D. Health Care

Study findings show that a substantial number of former AFDC recipients are living without health insurance due to the loss of Medicaid coverage.

- The Minnesota study found that 1/4 of those persons off AFDC and working, and over 40% of their children, had no health coverage at all. Only 1% of former AFDC recipients could afford to purchase their own private insurance, and those respondents with insurance through their occupations possessed considerably weaker plans than Medicaid.

- RTI reported that 48.6% of their interview sample had no insurance plan for medical expenses.

- GAO found that former recipients were privately insured in only 25% of the cases in Dallas and Memphis, and between 57% and 61% in Boston, Milwaukee and Syracuse. Sixty percent of respondents in Dallas had no coverage at all for themselves or their children, while in Memphis, 60% of the parents and 50% of their children had no health coverage whatsoever.

Without insurance coverage, former AFDC recipients are faced with the prospect of paying for medical expenses out-of-pocket.

- In Minnesota, those persons off AFDC and working reported having to pay an average of over 1/2 of such costs in this manner. Not surprisingly, when faced with such a situation, persons will often delay seeking health care due to lack of finances.

- GAO reports that 14-24% of their in-depth sample said that on at least one occasion, care was not sought for this reason. Dental care was not obtained due to a lack of finances at even higher rates: 29-48%. When respondents did attempt to obtain proper health and dental care, they were turned away in 8-13% of the cases due to a lack of sufficient funds or insurance.

Only a small percentage of cases discontinued due to OBRA were able to retain Medicaid after losing AFDC.

- GAO stated that 13-31% of respondents had coverage under Medicaid due to either re-enrollment in AFDC, or becoming eligible under a medically needy program.

- RTI reported that 7.2% of former AFDC recipients had re-gained Medicaid coverage.

E. Day Care

As long as a working caretaker relative maintains AFDC eligibility, child care expenses are reimbursed. The upper limit of such reimbursement, as discussed in Section 1, became $160 per month after the passage of OBRA. It is estimated that seven of every eight AFDC families have children aged 12 or younger, and that most of these children will need day care when their parents are working (Moscovice and Craig, 1983). Clearly, for the thousands of families that lost AFDC coverage due to OBRA, day care suddenly became a large problem. With financial assistance for day care essentially cut off, families responded to new constraints in a variety of ways.

In Minnesota, respondents found many ways to decrease their monthly dollar outlay. For those persons off AFDC and working, the option chosen most often was leaving the child alone during a portion of the day.

- The percent of families responding this way increased from 15.6% to 23.4% during the study year for this group.

- Not surprisingly, the rate of dissatisfaction with day care more than doubled, increasing from 5.7% to 13.1% for families off AFDC and working.

- Additionally, there was a significant increase in the number of children needing, but not receiving day care; from 6.6% to 10.4%.

F. Financial Emergencies

Two studies measured the incidence of financial emergencies for those affected by OBRA changes.

- In Minnesota, Moscovice and Craig found that 25-30% of respondents had threatened or actual utility shut-off during the period after OBRA. This figure was up from approximately 20% prior to the legislation. In addition, there were small increases in the incidence of repossessions of property, and evictions and foreclosures after OBRA.

- GAO reported that, in 4 sites, especially Milwaukee, financial hardships occurred significantly more often after OBRA than during two previous years. Persons reported a higher frequency of having to borrow $50 or more from friends or relatives, as well as having to get food from a charity and

running out of food and having no money to buy more.

G. Perceptions of Life

One curious finding of the Minnesota study deals with AFDC recipients' perceptions of life. Despite decreases in overall income, and substantial increases in hardships and unmet needs, respondents who lost AFDC and continued working generally had slightly improved opinions of:

- their overall standard of living,
- their children's future job opportunities,
- their financial security,
- their chances for getting ahead, and
- their chances for making it on their own.

Former recipients who lost AFDC and were not working had, one year after OBRA implementation, lower opinions of all but the last category than they had prior to the legislation.

Results such as these tend to support the notion that stigma is still attached to the receipt of welfare, and that self-image and hope improves when a person is able, despite difficulties and hardships, to support themselves and their family by working.

H. Conclusions

The results of these studies allow us to formulate preliminary conclusions as to the effects of OBRA on the eligibility of persons receiving Medicaid.

- Although OBRA mandated specific changes in Medicaid, AFDC and SSI eligibility rules, it seems clear that the revisions of AFDC were the most far-reaching, and have had the greatest programmatic impact.
- OBRA has succeeded in reducing national Medicaid and AFDC caseloads and outlays.
- OBRA has had a disproportionate effect on working AFDC recipients.
- Contrary to the fears of many, OBRA seems not to have created a disincentive to work. According to the studies reviewed here, people do not seem to be quitting their jobs in order to retain AFDC and Medicaid benefits. (However, recent work at Syracuse University suggests that the work disincentives contained in OBRA were more significant than others have found).

- For those persons who lose AFDC and continue working, increases in earned income often do not offset overall losses of unearned income and related benefits.

- AFDC recipients, discontinued as a result of OBRA, have been affected in the following ways:

- substantial proportions of these persons have no health coverage after losing Medicaid,

- loss of financial support for child care results in more children being left alone during the day, and

- financial emergencies such as utility shut-offs and running out of food occur more frequently.

CONCLUSION

This report described the impact of legislative changes under the Omnibus Budget Reconciliation Act of 1981 (OBRA), the Tax Equity and Fiscal Responsibility Act of 1982 (TEFRA), and the Deficit Reduction Act of 1984 (DEFRA) on Medicaid eligibility policy. Changes were effected either directly through provisions pertaining to Medicaid statutes, or indirectly through statutory changes under AFDC and SSI.

AFDC provisions under OBRA, such as the 150% gross income limit and the limits imposed on earned income disregards, were aimed primarily at restricting eligibility for the working poor. AFDC provisions under DEFRA, such as the continuation of the $30 earned income disregard, the work transition allowance, and the 185% gross income limit, seemed specifically designed to offset previously mandated OBRA limits.

Medicaid provisions under OBRA offered increased flexibility to the States in the operation of their medically needy programs, and also gave States the power to restrict eligibility for children ages 18-20. Medicaid provisions under DEFRA were designed to expand eligibility groups and required all States to cover certain pregant women and all children under age 5.

Provisions relating to SSI, in each of the pieces of legislation, were less significant, and impacted caseloads and outlays less than Medicaid and AFDC rule changes.

States responses to these federal policy changes were as follows:

- Between 1981 and 1983, 16 States serving 35% of all AFDC eligible Medicaid families increased their need standards dramatically while keeping payment standards stable, in an apparent effort to offset the effects of the 150% gross income limit established by OBRA.

- Uniform resource limits under OBRA required the majority of States to restrict what had previously been more liberal allowances.

- By decreasing the upper age limit for eligibility for AFDC children attending school from 21 to 19 years of age, OBRA changes to State rules discontinued AFDC and Medicaid coverage for an estimated 200,000 children in 36 States.

- While OBRA limited AFDC cash eligibility for first time pregnant women to the third trimester, Medicaid coverage for those women remained greatly unaffected, due to deeming provisions in the States.

- Eighteen States covering just 9% of all Ribicoff Children elected to implement new flexibility under OBRA, and reduced their upper age limits from 21 down to 19 or 18 years of age.

- Greater flexibility under OBRA allowed States to discontinue previously required Medicaid coverage to children between the ages of 18 and 21 who would be eligible for AFDC if they were under 18, or were attending school. After OBRA, 32 States serving between 10,000 and 11,000 of these children elected to discontinue this coverage.

- Very few States which already had medically needy programs have elected to utilize the increased flexibility allowed by OBRA in operating their medically needy programs. Service provisions were not cut by any State by substantial amounts, and only one State, Tennessee, has successfully discontinued medically needy coverage to the now-optional groups of the aged, blind, disabled, and caretaker relatives.

- By loosening restrictions surrounding medically needy rules, OBRA did create the incentive for several States to either implement, or plan future implementation of limited medically programs for pregnant women and children.

- The impact of DEFRA will be felt by: 7 States which did not previously extend Medicaid coverage to first time pregnant women who would be eligible for AFDC if the child were born; by 21 States which did not previously extend Medicaid coverage to pregnant women in 2 parent families where the principal earner is unemployed; and by 28 States which did not cover all children under age 5 prior to the DEFRA legislation.

Research results from five studies were summarized to provide a quantitive supporting analysis of how OBRA changes impacted Medicaid and AFDC caseloads and outlays. Research finding in this section concluded that:

- OBRA provisions led to a decrease of over 2 million total Medicaid enrollees over 1981 and 1982. Approximately 1.9 million of these discontinued enrollees were AFDC cash recipients. (Cromwell)

- After OBRA, there were 493,000 fewer AFDC cases open from a base of 3.6 million cases before OBRA. This translates into the outlay of $93 million less per month, from a base of $1 billion per month prior to OBRA. (GAO)

- In a 1981 sample, 55% of earners were discontinued from AFDC one year after implementation of OBRA. (RTI)

- Between May 1981 and May 1982, caretaker relatives weth full time employment fell from 5.9% of the total AFDC caseload to just 1.2%. (Weder)

- Former AFDC recipients disqualified by OBRA did not quit their jobs in order to retain welfare eligibility. Only 7-18% of such persons had returned to AFDC rolls one year after OBRA. (RTI)

- For recipients who lost AFDC eligibility and continued working, increases in earned income generally replaced only half of the value of previously unearned benefits. (Moscovice and Craig)

- Large proportions of former AFDC recipients are living without health care coverage due to the loss of Medicaid eligibility. Sixty percent of former recipients in Dallas had no health insurance for themselves or their children, while in Memphis, 60% of parents and 50% of their children were left uninsured after OBRA. (GAO)

APPENDIX A

AFDC-UP, AFDC Coverage for Pregnant Women, AFDC Coverage for Children Age 18 in School, AFDC Need and Payment Standards, Maximum Payments, Income Disregards, and Resource Limits, by State, 1978-1984

The State tables contained in this appendix summarize data for the years 1978 through 1984 which was retrieved from a variety of existing sources (listed below). Included in each State summary are data regarding State policy towards AFDC-UP, Pregnant Women, and Age Limits for Children Attending School. Additionally, Need Standards, Payment Standards, Maximum Payments, Earned Income Disregards, and Resource Limits for each State are displayed.

Data are organized into a time-line format. For each data element, status as of 1978 is shown, as well as any subsequent changes which have occurred up to the present day. Under each piece of data, a date appears. In most cases, the dates represent "point in time" observations. Dates which are followed by an asterisk however, indicate verified effective dates.

Appearing at the bottom of each summary is a description ofhow each State chooses to calculate its Payment Standard and typical Maximum Payment. In addition, other pertinent information may be noted to help clarify the data presented, for example, which geographical region is reported and why.

SOURCES: Data in this appendix was gathered from:

- OFA's Characteristics of State Plans for AFDC, 1978-1984;
- Clinkscale et al's Analysis of State Medicaid Program Characteristics;
- The Commerce Clearing House Medicare and Medicaid Guide;
- Social Security Administration's AFDC Standards for Basic Needs, July 1978 and July 1979;
- NGA's Catalogue of State Medicaid Program Changes; and
- Conversations with staff at the Office of Family Assistance, Social Security Administration, DHHS.

State: **ALABAMA**

Mandatory Medicaid Eligibility Groups-

AFDC Criteria	**1978**		**1984**
AFDC - UP	NO		
(Effect/Date Chng)	4/78		->
Preg Women-No Child	YES	NO	
(Effect/Date Chng)	4/78	->10/81*	->
Child Age Limit	<21	<18	
(Effect/Date Chng)	4/78	->10/81*	->

Medicaid Eligibility Financial Standards

AFDC	**1978**		**1984**
Need Standard			
o 1 Child			
o 1 Adult	96	192	
o Family 2	144	288	
o Family 3	192	384	
o Family 4	240	480	
(Effect/Date Chng)	4/78	->10/81*	->
Payment Standard			
o 1 Child			
o 1 Adult	59	59	
o Family 2	89	88	
o Family 3	118	118	
o Family 4	148	147	
(Effect/Date Chng)	4/78	->10/82	->
Maximum Payment			
o 1 Child			
o 1 Adult	59	59	
o Family 2	89	88	
o Family 3	118	118	
o Family 4	148	147	
(Effect/Date Chng)	4/78	->10/82	->
Earned Income Disregard			
o Student	All	All	
o Work Exp.	All	75(>120 Hrs/Mo) 50(<120)	
o Chld/IncapAdult	N/A	160(>120Hrs/Mo) 120(<120)	
o 30 + 1/3	Gross Inc.	Net, 4 Months	
(Effect/Date Chng)	4/78	->10/81*	->
Resource Limit			
o Home Value	No Limit		->
o Auto	Exempt -> 4500	-> 1500	->
o NonHome Real NonExmpt Pers	1000 ->1750	-> 1000	->
(Effect/Date Chng)	4/78 ->9/79	->10/80->10/81*	->

* Verified Effective Date (All Others-Observed at Point In Time)
Effective dates fall on first of month unless otherwise noted.

Payment Calculation: Countable income subtracted from a reduced standard, (61.5% of Need Std. up until 10/1/81, then 30.75% of Need Std.) Payment is deficit.

State: **Alaska**

Mandatory Medicaid Eligibility Groups-

AFDC Criteria	**1978**						**1984**
AFDC - UP	NO						
(Effect/Date Chng)	4/78						->
Preg Women-No Child	NO					YES	
(Effect/Date Chng)	4/78				->4/83*		->
Child Age Limit	<18						
(Effect/Date Chng)	4/78						->

Medicaid Eligibility Financial Standards

AFDC	**1978**						**1984**
Need Standard							
o 1 Child	150			222	238	238	246
o 1 Adult	200			286	308	359	391
o Family 2	350	400	457	508	546	597	617
o Family 3	400				614	674	696
o Family 4	450	514	572	634	682	751	775
(Effect/Date Chng)	4/78->10/80->1/81*->10/81				->7/82*	->4/83*	->1/84
Payment Standard							
o 1 Child	"			"	"	"	"
o 1 Adult	"			"	"	"	"
o Family 2	"	"	"	"	"	"	"
o Family 3	"				"	"	"
o Family 4	"	"	"	"	"	"	"
(Effect/Date Chng)	"	"	"	"	"	"	"
Maximum Payment							
o 1 Child	"			"	"	"	"
o 1 Adult	"			"	"	"	"
o Family 2	"	"	"	"	"	"	"
o Family 3	"				"	"	"
o Family 4	"	"	"	"	"	"	"
(Effect/Date Chng)	"	"	"	"	"	"	"
Earned Income Disregard							
o Student	ALL			ALL			
o Work Exp.	ALL			75(>120HRS/MO)		40(<120HRS)	
o Chld/IncapAdult	N/A			160(>120HRS/MO)		120(<120HRS)	
o 30 + 1/3	GROSS INC.			NET INC. 4 MO			
(Effect/Date Chng)	4/78			->10/81*			->
Resource Limit							
o Home Value	NO LIMIT						
o Auto	EXEMPT			1500			
o NonHome Real NonExmpt Pers	1000		1500	1000			
(Effect/Date Chng)	4/78		->10/80->10/81*				->

* Verified Effective Date (All Others-Observed at Point In Time)
Effective dates fall on first of month unless otherwise noted.

Payment Calculation: Alaska meets full amount of need std. Payment is deficit after subtracting countable income from full need std.

Other Notes:

State: **Arkansas**

Mandatory Medicaid Eligibility Groups-

AFDC Criteria	**1978**			**1984**
AFDC - UP	NO			
(Effect/Date Chng)	4/78			->
Preg Women-No Child	NO			
(Effect/Date Chng)	4/78			->
Child Age Limit	<21	<18		
(Effect/Date Chng)	4/78	->10/81*		->

Medicaid Eligibility Financial Standards

AFDC	**1978**			**1984**
Need Standard				
o 1 Child	98			
o 1 Adult	98			
o Family 2	193			
o Family 3	234			
o Family 4	273			
(Effect/Date Chng)	4/78			->
Payment Standard				
o 1 Child	68	51	59	69
o 1 Adult	68	51	59	69
o Family 2	133	100	116	135
o Family 3	161	122	140	164
o Family 4	188	141	164	191
(Effect/Date Chng)	4/78	->10/81	->10/82	->1/84*
Maximum Payment				
o 1 Child	"	"	"	"
o 1 Adult	"	"	"	"
o Family 2	"	"	"	"
o Family 3	"	"	"	"
o Family 4	"	"	"	"
(Effect/Date Chng)	"	"	"	"
Earned Income Disregard				
o Student	ALL	ALL		
o Work Exp.	ALL	75(>30HRS/WK)		40(<30 HRS)
o Chld/IncapAdult	N/A	160(" ")		80(" ")
o 30 + 1/3	Gross Inc.	Net Inc. 4mo.		
(Effect/Date Chng)	4/78	->10/81*		->
Resource Limit				
o Home Value	9000	No Limit		
o Auto	300	1000		
o NonHome Real	1500-1			
NonExmpt Pers	250-Family	800		
(Effect/Date Chng)	4/78	->10/81*		->

* Verified Effective Date (All Others-Observed at Point In Time)
Effective dates fall on first of month unless otherwise noted.

Payment Calculation: Countable income subtracted from reduced standard, (69% of need up until 10/1/81; 52% until 10/1/82; 60% until 1/1/84; 70% after 1/1/84.) Payment is deficit.

Other Notes:

State: **California**

Mandatory Medicaid Eligibility Groups-

AFDC Criteria	**1978**	**1984**
AFDC - UP	Yes	Yes
(Effect/Date Chng)	4/78	->11/81* ->
Preg Women-No Child	Yes	Yes
(Effect/Date Chng)	4/78	->4/82* ->
Child Age Limit	<21	<19
(Effect/Date Chng)	4/78	->3/82* ->

Medicaid Eligibility Financial Standards

AFDC	**1978**				**1984**		
Need Standard							
o 1 Child	177	204			248		
o 1 Adult	177						
o Family 2	297	342	395		408	424	
o Family 3	361	416			506	526	
o Family 4	444	511	591		601	625	
(Effect/Date Chng)	4/78->	9/79->10/80			->10/81	->7/83*	->
Payment Standard							
o 1 Child	175	201	232		248		
o 1 Adult	175						
o Family 2	287	331	382	374	408	424	
o Family 3	356	410			506	526	
o Family 4	423	487	563	550	601	625	
(Effect/Date Chng)	4/78->	9/79->10/80		->1/81*	->10/81	->7/83	->
Maximum Payment							
o 1 Child	"	"	"		"		
o 1 Adult	"						
o Family 2	"	"	"	"	"	"	
o Family 3	"	"			"	"	
o Family 4	"	"	"	"	"	"	
(Effect/Date Chng)	4/78	->9/79->10/80		->1/81	->10/81	->7/83	->
Earned Income Disregard							
o Student	ALL			ALL			
o Work Exp.	ALL			75(>100HRS/MO)		50(<100 HRS)	
o Chld/IncapAdult	N/A			160(" ")		LESS(")	
o 30 + 1/3	Gross Inc.			Net Inc., 4 MO			
(Effect/Date Chng)	4/78			->11/81*			->
Resource Limit							
o Home Value	5000				NO LIMIT		
o Auto	1500				1500		
o NonHome Real NonExmpt Pers	1600				1000		
(Effect/Date Chng)	4/78				->4/82*		->

* Verified Effective Date (All Others-Observed at Point In Time)
Effective dates fall on first of month unless otherwise noted.

Payment Calculation: Income subtracted from maximums by family size. Payment is deficit. (State meets full amount of need std. for family sizes 1-8, but not for families of 9 or more).

Other Notes:

State: Colorado

Mandatory Medicaid Eligibility Groups-

AFDC Criteria	**1978**	**1984**
AFDC - UP	Yes	Yes
(Effect/Date Chng)	4/78	->10/81* ->
Preg Women-No Child	Yes	Yes
(Effect/Date Chng)	4/78	->10/81* ->
Child Age Limit	<21	<19
(Effect/Date Chng)	4/78	->10/81* ->

Medicaid Eligibility Financial Standards

AFDC	**1978**			**1984**		
Need Standard						
o 1 Child	71	76		89	110	
o 1 Adult	159	170		195	234	
o Family 2	201	214	229	300	307	322
o Family 3	252	270			388	408
o Family 4	307	327	351	460	470	496
(Effect/Date Chng)	7/78*->7/79*->10/80->12/81*->10/82->10/83 ->					
Payment Standard						
o 1 Child	71	76		73	90	
o 1 Adult	159	170		161	192	
o Family 2	201	214	229	247	252	265
o Family 3	252	270			319	336
o Family 4	307	327	351	379	387	408
(Effect/Date Chng)	7/78*->7/79->10/80->12/81*->10/82->10/83 ->					
Maximum Payment						
o 1 Child	71	76		73	90	
o 1 Adult	159	170		161	192	
o Family 2	201	214	229	247	252	265
o Family 3	252	270			319	336
o Family 4	307	327	351	379	387	408
(Effect/Date Chng)	7/78*->7/79->10/80->12/81*->10/82->10/83 ->					
Earned Income Disregard						
o Student	ALL			ALL		
o Work Exp.	ALL			75(>100HRS/MO)	60(<100HRS)	
o Chld/IncapAdult	N/A			160(" ")	130(" ")	
o 30 + 1/3	Gross Inc.			Net Inc. 4 MOs.		
(Effect/Date Chng)	4/78			->12/81*		->
Resource Limit						
o Home Value	NO LIMIT			NO LIMIT		
o Auto	EXEMPT			1000		
o NonHome Real	1000-2 2000-MAX					
NonExmpt Pers	250-EACH ADD.			1000		
(Effect/Date Chng)	4/78			->12/81*		->

* Verified Effective Date (All Others-Observed at Point In Time)
Effective dates fall on first of month unless otherwise noted.

Payment Calculation: Before 12/1/81, Colorado met full amount of need standard. After 12/1/81, countable income subtracted from full need, then deficit reduced by percentage (82.37%).

Other Notes: Table displays summer budget through 1980. Winter is higher. After 1980, no difference between summer and winter.

State: **Connecticut**

Mandatory Medicaid Eligibility Groups-
AFDC Criteria **1978** **1984**

AFDC - UP	Yes				Yes		
(Effect/Date Chng)	4/78				->9/82*		->
Preg Women-No Child	No		Yes	Yes			
(Effect/Date Chng)	4/78		->10/80	->10/81*			->
Child Age Limit	<21				<19		
(Effect/Date Chng)	4/78				->8/82*		->

Medicaid Eligibility Financial Standards
AFDC **1978** **1984**

Need Standard							
o 1 Child				130	134		
o 1 Adult				130	134		
o Family 2	266	309	331	347	358	368	
o Family 3					440	453	
o Family 4	384	446	477	501	517	532	
(Effect/Date Chng)	4/78->	9/79-	>10/80-	>10/81-	>10/82->	7/83*	->
Payment Standard							
o 1 Child				"	"		
o 1 Adult				"	"		
o Family 2	"	"	"	"	"	"	
o Family 3						"	
o Family 4	"	"	"	"	"	"	
(Effect/Date Chng)	"	"	"	"	"	"	
Maximum Payment							
o 1 Child				"	"		
o 1 Adult				"	"		
o Family 2	"	"	"	"	"	"	
o Family 3						"	
o Family 4	"	"	"	"	"	"	
(Effect/Date Chng)	"	"	"	"	"	"	
Earned Income Disregard							
o Student	ALL			ALL			
o Work Exp.	ALL			75(>35HRS/WK)	55(<35HRS)		
o Chld/IncapAdult	N/A	N/A-Care Supplied/Purchased By Agency					
o 30 + 1/3	Gross Inc.			Net Inc., 4 MO.			
(Effect/Date Chng)	4/78			->10/81*			->
Resource Limit							
o Home Value	1500			NO LIMIT			
o Auto	EXEMPT			1500			
o NonHome Real NonExmpt Pers	250			250			
(Effect/Date Chng)	4/78			->10/81*			->

* Verified Effective Date (All Others-Observed at Point In Time)
Effective dates fall on first of month unless otherwise noted.

Payment Calculation: State meets full amount of need std. Countable income is subtracted from full need, payment is deficit.

Other Notes: State is divided into 3 regions. Region B, (reported above), is largest geographically and has largest caseload.

State: **Delaware**

Mandatory Medicaid Eligibility Groups-

AFDC Criteria	**1978**		**1984**
AFDC - UP	Yes	Yes	
(Effect/Date Chng)	4/78	->10/81*	->
Preg Women-No Child	Yes	Yes	
(Effect/Date Chng)	4/78	->10/81*	->
Child Age Limit	<18		
(Effect/Date Chng)	4/78		->

Medicaid Eligibility Financial Standards

AFDC	**1978**		**1984**
Need Standard			
o 1 Child	130	141	
o 1 Adult	130	141	
o Family 2	181	197	212
o Family 3	245	266	287
o Family 4	287	312	336
(Effect/Date Chng)	4/78	->10/80	->1/84*
Payment Standard			
o 1 Child	"	"	
o 1 Adult	"	"	
o Family 2	"	"	"
o Family 3	"	"	"
o Family 4	"	"	"
(Effect/Date Chng)	"	"	"
Maximum Payment			
o 1 Child	"	"	
o 1 Adult	"	"	
o Family 2	"	"	"
o Family 3	"	"	"
o Family 4	"	"	"
(Effect/Date Chng)	"	"	"
Earned Income Disregard			
o Student	ALL	ALL	
o Work Exp.	ALL	75(>30HRS/WK)50(<30HRS)	
o Chld/IncapAdult	N/A	160	
o 30 + 1/3	Gross Inc.	Net Inc., 4 MO	
(Effect/Date Chng)	4/78	->10/81*	->
Resource Limit			
o Home Value	NO LIMIT	NO LIMIT	
o Auto	EXEMPT	1500	
o NonHome Real	NOT TO EXCEED		
NonExmpt Pers	1 MO NEED	1000	
(Effect/Date Chng)	4/78	->10/81*	->

* Verified Effective Date (All Others-Observed at Point In Time)
Effective dates fall on first of month unless otherwise noted.

Payment Calculation: Delaware meets full amount of need std. Payment is deficit after subtracting countable income from full need std.

Other Notes:

State: District of Columbia

Mandatory Medicaid Eligibility Groups-

AFDC Criteria	**1978**	**1984**
AFDC - UP	Yes	Yes
(Effect/Date Chng)	4/78	->10/81* ->
Preg Women-No Child	Yes	Yes
(Effect/Date Chng)	4/78	->10/81* ->
Child Age Limit	<21	<19
(Effect/Date Chng)	4/78	->10/81* ->

Medicaid Eligibility Financial Standards

AFDC	**1978**		**1984**	
Need Standard				
o 1 Child	181	249	370	
o 1 Adult	181	249	370	
o Family 2	226	311	462	
o Family 3	286	394	586	
o Family 4	349	481	715	
(Effect/Date Chng)	4/78->10/79*		->2/82*	->
Payment Standard				
o 1 Child	163	181	190	189
o 1 Adult	163	181	190	189
o Family 2	203	225	237	236
o Family 3	257	286	300	299
o Family 4	314	349	366	366
(Effect/Date Chng)	4/78->10/79*		->2/82*->10/82*	->
Maximum Payment				
o 1 Child	163	181	190	189
o 1 Adult	163	181	190	189
o Family 2	203	225	237	236
o Family 3	257	286	300	299
o Family 4	314	349	366	366
(Effect/Date Chng)	4/78->10/79*		->2/82*->10/82	->
Earned Income Disregard				
o Student	ALL		ALL	
o Work Exp.	ALL		75(>120HRS/MO)	60(<120HRS)
o Chld/IncapAdult	N/A		160(" ")	120(" ")
o 30 + 1/3	Gross Inc.		NET INC., 4MO	
(Effect/Date Chng)	4/78		->10/81*	->
Resource Limit				
o Home Value	NO LIMIT		NO LIMIT	
o Auto	1500		1500	
o NonHome Real NonExmpt Pers	500		1000	
(Effect/Date Chng)	4/78		->10/81	->

* Verified Effective Date (All Others-Observed at Point In Time)
Effective dates fall on first of month unless otherwise noted.

Payment Calculation: Countable income subtracted from reduced std., (90% of need until 10/15/79; 72.5% until 2/1/82; 51.2% after 2/1/82). Payment is deficit.

Other Notes:

State: **Florida**

Mandatory Medicaid Eligibility Groups-

AFDC Criteria	**1978**				**1984**
AFDC - UP	No				
(Effect/Date Chng)	4/78				->
Preg Women-No Child	No	Yes	Yes		
(Effect/Date Chng)	4/78	->9/79	->10/81*		->
Child Age Limit	<18				
(Effect/Date Chng)	4/78				->

Medicaid Eligibility Financial Standards

AFDC	**1978**				**1984**
Need Standard					
o 1 Child	111		221		
o 1 Adult	111		221		
o Family 2	150		297		
o Family 3	195		400		
o Family 4	230		468		
(Effect/Date Chng)	4/78		->10/82		->
Payment Standard					
o 1 Child	94	111	119	133	
o 1 Adult	94	111	119	133	
o Family 2	128	150	161	178	
o Family 3	166	195	209	231	
o Family 4	196	230	246	273	
(Effect/Date Chng)	4/78-> 9/79		->10/82-> 9/83*		->
Maximum Payment					
o 1 Child	94	111	119	133	
o 1 Adult	94	111	119	133	
o Family 2	128	150	161	178	
o Family 3	166	195	209	231	
o Family 4	196	230	246	273	
(Effect/Date Chng)	4/78-> 9/79		->10/82-> 9/83*		->
Earned Income Disregard					
o Student	ALL		ALL		
o Work Exp.	ALL		75(>30HRS/WK)	38(<30HRS)	
o Chld/IncapAdult	N/A		160(" ")	80(" ")	
o 30 + 1/3	Gross Inc.		Net Inc., 4 Mo		
(Effect/Date Chng)	4/78		10/81*		
Resource Limit					
o Home Value	NO LIMIT		NO LIMIT		
o Auto	EXEMPT IF OVER 7YRS OLD		1500		
o NonHome Real NonExmpt Pers	1200		1000		
(Effect/Date Chng)	4/78		10/81*		

* Verified Effective Date (All Others-Observed at Point In Time)
Effective dates fall on first of month unless otherwise noted.

Payment Calculation: In 1978, income subtracted from reduced std. (83%). Between 1978 and 10/1/82, Florida met 100% of need. After 10/1/82 state imposed variable % reductions between 50-60%.

Other Notes:

State: Georgia

Mandatory Medicaid Eligibility Groups-
AFDC Criteria **1978** **1984**

AFDC - UP	No	
(Effect/Date Chng)	4/78	->
Preg Women-No Child	No	
(Effect/Date Chng)	4/78	->
Child Age Limit	<18	
(Effect/Date Chng)	4/78	->

Medicaid Eligibility Financial Standards
AFDC **1978** **1984**

Need Standard							
o 1 Child	106			201			
o 1 Adult							
o Family 2	161			306			
o Family 3	193			366			
o Family 4	227			432			
(Effect/Date Chng)	4/78			->10/81*			->
Payment Standard							
o 1 Child	69	80	90	101	107	111	
o 1 Adult							
o Family 2	105	121	137	153	162	169	
o Family 3	126	145	164	183	194	202	
o Family 4	148	170	193	216	224	238	
(Effect/Date Chng)	4/78->	9/79->	10/80->	10/81*->	10/82->	7/83*	->
Maximum Payment							
o 1 Child	69	80	90	101	107	111	
o 1 Adult							
o Family 2	105	121	137	153	162	169	
o Family 3	126	145	164	183	194	202	
o Family 4	148	170	193	216	229	238	
(Effect/Date Chng)	4/78->	9/79->	10/80->	10/81->	10/82->	7/83*	->
Earned Income Disregard							
o Student	All			All			
o Work Exp.	All			75(>30HRS/WK)		50(<30HRS)	
o Chld/IncapAdult	N/A			160(" ")		100(" ")	
o 30 + 1/3	Gross Inc.			Net Inc.4 mo.			
(Effect/Date Chng)	4/78			->10/81*			->
Resource Limit							
o Home Value	No Limit			No Limit			
o Auto	Exempt if over 4 yrs old			1500			
o NonHome Real NonExmpt Pers	800			1000			
(Effect/Date Chng)	4/78			->11/81*			->

* Verified Effective Date (All Others-Observed at Point In Time)
Effective dates fall on first of month unless otherwise noted.

Payment Calculation: Income subtracted from a reduced std. (65% in `78; 75% in `79; 85% in `80; 50% in `81; 53% in `82' 55% in `83). Payment is deficit.

Other Notes:

State: **Hawaii**

Mandatory Medicaid Eligibility Groups- **AFDC Criteria**	**1978**	**1984**
AFDC - UP	Yes	Yes
(Effect/Date Chng)	4/78	->2/82* ->
Preg Women-No Child	Yes	Yes
(Effect/Date Chng)	4/78	->2/82* ->
Child Age Limit	<21	<19
(Effect/Date Chng)	4/78	->2/82* ->

Medicaid Eligibility Financial Standards **AFDC**	**1978**	**1984**
Need Standard		
o 1 Child	297	
o 1 Adult	297	
o Family 2	390	
o Family 3	468	
o Family 4	546	
(Effect/Date Chng)	7/78*	->
Payment Standard		
o 1 Child	"	
o 1 Adult	"	
o Family 2	"	
o Family 3	"	
o Family 4	"	
(Effect/Date Chng)	"	->
Maximum Payment		
o 1 Child	"	
o 1 Adult	"	
o Family 2	"	
o Family 3	"	
o Family 4	"	
(Effect/Date Chng)	"	->
Earned Income Disregard		
o Student	All	All
o Work Exp.	All	75(full-time) 70(part-time)
o Chld/IncapAdult	N/A	160(" ")150(" ")
o 30 + 1/3	Gross Inc.	Net Inc.4mo.
(Effect/Date Chng)	4/78	->10/81* ->
Resource Limit		
o Home Value	40,000	No Limit
o Auto	Exempt	1500
o NonHome Real	1-435 2-575	1-445 2-585
NonExmpt Pers	3-685 4-800	3-700 4-820
(Effect/Date Chng)	4/78	->10/81* ->

* Verified Effective Date (All Others-Observed at Point In Time)
Effective dates fall on first of month unless otherwise noted.

Payment Calculation: Hawaii meets full amount of need std. Payment is deficit after subtracting countable income from full need std.

Other Notes:

State: Idaho

Mandatory Medicaid Eligibility Groups-

AFDC Criteria	**1978**				**1984**
AFDC - UP	No				
(Effect/Date Chng)	4/78				->
Preg Women-No Child	Yes		Yes		
(Effect/Date Chng)	4/78		->10/81*		->
Child Age Limit	<21		<19		
(Effect/Date Chng)	4/78		->10/81*		->

Medicaid Eligibility Financial Standards

AFDC	**1978**				**1984**
Need Standard					
o 1 Child	242		365		
o 1 Adult	242		365		
o Family 2	298		446		
o Family 3	371		554		
o Family 4	421		627		
(Effect/Date Chng)	7/78		->7/81*		->
Payment Standard					
o 1 Child	211	182	201	200	
o 1 Adult	211	182	201	200	
o Family 2	260	224	245	245	
o Family 3	323	278	305	304	
o Family 4	367	316	345	345	
(Effect/Date Chng)	7/78	->10/80->	7/81*->10/82		->
Maximum Payment					
o 1 Child	211	182	201	200	
o 1 Adult	211	182	201	200	
o Family 2	260	224	245	245	
o Family 3	323	278	305	304	
o Family 4	367	316	345	345	
(Effect/Date Chng)	7/78	->10/80->	7/81*->10/82		->
Earned Income Disregard					
o Student	All		All		
o Work Exp.	All		75(>80HRS/MO)	50(<80HRS)	
o Chld/IncapAdult	N/A		160(" ")	100(")	
o 30 + 1/3	Gross Inc.		Net Inc.4mo.		
(Effect/Date Chng)	4/78		->10/81*		->
Resource Limit					
o Home Value	No Limit		No Limit		
o Auto	Exempt		1500		
o NonHome Real NonExmpt Pers	2000		1000		
(Effect/Date Chng)	4/78		->10/81*		->

* Verified Effective Date (All Others-Observed at Point In Time)
Effective dates fall on first of month unless otherwise noted.

Payment Calculation: Countable Income subtracted from reduced std. (87% of need in `78 and `79, 75% of need in `80, 55% of need after 7/81). Payment is deficit.

Other Notes:

State: **Illinois**

Mandatory Medicaid Eligibility Groups-
AFDC Criteria

	1978				1984
AFDC - UP	Yes		Yes		
(Effect/Date Chng)	4/78		->10/81*		->
Preg Women-No Child	No				
(Effect/Date Chng)	4/78				->
Child Age Limit	<21		<19		
(Effect/Date Chng)	4/78		->10/81*		->

Medicaid Eligibility Financial Standards
AFDC

	1978				1984
Need Standard					
o 1 Child	72				
o 1 Adult	155		220	243	286
o Family 2	227	238	332	372	462
o Family 3	274		486	542	632
o Family 4	333	350	593	660	713
(Effect/Date Chng)	7/78	->10/80	->10/81*	->1/83*	->1/84*
Payment Standard					
o 1 Child	"				
o 1 Adult	"		198		
o Family 2	"	"	250		
o Family 3	"		302		
o Family 4	"	"	368		
(Effect/Date Chng)	"	-> "	-> 10/81*		->
Maximum Payment					
o 1 Child	"				
o 1 Adult	"		198		
o Family 2	"	"	250		
o Family 3	"		302		
o Family 4	"	"	368		
(Effect/Date Chng)	"	-> "	-> 10/81*		->
Earned Income Disregard					
o Student	All		All		
o Work Exp.	All		75(>100HRS/MO)60(<100HRS)		
o Chld/IncapAdult	N/A		@ 160(>100HRS/MO)128(<100HRS)		
o 30 + 1/3	Gross Inc.		Net Inc. 4 MO		
(Effect/Date Chng)	4/78		-> 10/81*-> 10/82		->
Resource Limit					
o Home Value	No Limit				
o Auto	Exempt		1500		
o NonHome Real	150-1	1500-1			
NonExmpt Pers	50 EA. ADD.	2250-2	1000		
(Effect/Date Chng)	4/78	->10/80	-> 10/81*		->

* Verified Effective Date (All Others-Observed at Point In Time)
Effective dates fall on first of month unless otherwise noted.

Payment Calculation: Up until 1981, Illinois met full amt. of need std. After 1981, income was subtracted from reduced std. (variable % reductions) with deficit as payment.

Other Notes: Group I stds. reported. Group I has highest caseload
@ - no provision - care purchased/supplied by agency, until 10/82.

State: **Indiana**

Mandatory Medicaid Eligibility Groups-

AFDC Criteria	**1978**	**1984**
AFDC - UP	No	
(Effect/Date Chng)	4/78	->
Preg Women-No Child	No	
(Effect/Date Chng)	4/78	->
Child Age Limit	<18	
(Effect/Date Chng)	4/78	->

Medicaid Eligibility Financial Standards

AFDC	**1978**		**1984**
Need Standard			
o 1 Child	185		
o 1 Adult			
o Family 2	247		
o Family 3	307		
o Family 4	363		
(Effect/Date Chng)	7/78		->
Payment Standard			
o 1 Child	167		
o 1 Adult			
o Family 2	222		
o Family 3	277		
o Family 4	327		
(Effect/Date Chng)	7/78		->
Maximum Payment			
o 1 Child	88	98	
o 1 Adult			
o Family 2	175	196	
o Family 3	225	256	
o Family 4	275	316	
(Effect/Date Chng)	7/78	->10/80	->
Earned Income Disregard			
o Student	All	All	
o Work Exp.	All	75(>130HRS/MO)LESS(<130HRS)	
o Chld/IncapAdult	N/A	160(" ")LESS(" ")	
o 30 + 1/3	Gross Inc.	Net Inc.,4 Mo.	
(Effect/Date Chng)	4/78	->2/82*	->
Resource Limit			
o Home Value	No Limit		
o Auto	Exempt	1000	
o NonHome Real	350-1 CHLD 500-1 CHLD		
NonExmpt Pers	700-FAM 1000-FAM		
(Effect/Date Chng)	4/78 ->7/79	->10/82*	->

* Verified Effective Date (All Others-Observed at Point In Time)
Effective dates fall on first of month unless otherwise noted.

Payment Calculation: Payment amount is lesser of a) deficit after subtracting countable income from a reduced std. (90% of need), or b) maximums by family size.

Other Notes:

State: Iowa

Mandatory Medicaid Eligibility Groups-
AFDC Criteria

	1978						1984
AFDC - UP	Yes			No	Yes		
(Effect/Date Chng)	4/78			->5/81*	->7/82*		->
Preg Women-No Child	No		Yes	No			
(Effect/Date Chng)	4/78		->10/80	->10/81*			->
Child Age Limit	<21		<18				<19
(Effect/Date Chng)	4/78		->10/80				->10/83

Medicaid Eligibility Financial Standards
AFDC

	1978						1984
Need Standard							
o 1 Child	145	154					
o 1 Adult	145	154					
o Family 2	275	292			336	400	
o Family 3	340	360			414	494	
o Family 4	395	419			482	572	
(Effect/Date Chng)	7/78	->9/79			->10/82	->10/83*	->
Payment Standard							
o 1 Child	145	154					
o 1 Adult	145	154					
o Family 2	275	292				305	
o Family 3	340	360				360	
o Family 4	395	419				419	
(Effect/Date Chng)	7/78	->9/79				->10/83*	->
Maximum Payment							
o 1 Child	145	154					
o 1 Adult	145	154					
o Family 2	275	292				305	
o Family 3	340	360				360	
o Family 4	395	419				419	
(Effect/Date Chng)	7/78	-> 9/79				->10/83*	->
Earned Income Disregard							
o Student	ALL			ALL			
o Work Exp.	ALL		75(>129 hrs./mo)		Less(<129 hrs.)		
o Chld/IncapAdult	N/A		160 (")		Less(")		
o 30 + 1/3	Gross Inc.		Net Inc., 4 mo.				
(Effect/Date Chng)	4/78			->10/81*			->
Resource Limit	40 Acre Rural						
o Home Value	1/2 Acre Town			No Limit			
o Auto	2500			1500			
o NonHome Real	800-1						
NonExmpt Pers	400-Each Addit.						
(Effect/Date Chng)	4/78			->11/81*			->

* Verified Effective Date (All Others-Observed at Point In Time)
Effective dates fall on first of month unless otherwise noted.

Payment Calculation: Iowa meets full Amt. of need Std. until 1982, then subtracts income from reduced Std. (Valuable % of need).

Other Notes:

State: **Kansas**

Mandatory Medicaid Eligibility Groups-

AFDC Criteria	**1978**					**1984**
AFDC - UP	YES			YES		
(Effect/Date Chng)	4/78		->	11/81*		->
Preg Women-No Child	YES			YES		
(Effect/Date Chng)	4/78		->	11/81*		->
Child Age Limit	<21			<19		
(Effect/Date Chng)	4/78		->	11/81*		->

Medicaid Eligibility Financial Standards

AFDC	**1978**					**1984**
Need Standard						
o 1 Child				210	216	
o 1 Adult				210	216	
o Family 2	216	260	265	272	280	
o Family 3		310			338	
o Family 4	306	350	365	374	385	
(Effect/Date Chng)	4/78->	9/79->	10/80->	10/81->	7/82*	->
Payment Standard						
o 1 Child				"	"	
o 1 Adult				"	"	
o Family 2	"	"	"	"	"	
o Family 3					"	
o Family 4	"	"	"	"	"	
(Effect/Date Chng)	"	"	"	"	"	
Maximum Payment						
o 1 Child				"	"	
o 1 Adult				"	"	
o Family 2	"	"	"	"	"	
o Family 3					"	
o Family 4	"	"	"	"	"	
(Effect/Date Chng)	"	"	"	"	"	
Earned Income Disregard						
o Student	ALL			ALL		
o Work Exp.	ALL			75(>30 hrs/wk)	50(<30 hrs.)	
o Chld/IncapAdult	N/A			160(")	110(")	
o 30 + 1/3	Gross Inc.			Net Inc. 4 mo.		
(Effect/Date Chng)	4/78		->	11/81*		
Resource Limit						
o Home Value	9100			No Limit		
o Auto	Exempt			1500		
o NonHome Real	500-1			500-1		
NonExmpt Pers	1000-FAM			1000-FAM	->1000	
(Effect/Date Chng)	4/78		->	11/81*	->10/83	

* Verified Effective Date (All Others-Observed at Point In Time)
Effective dates fall on first of month unless otherwise noted.

Payment Calculation: Kansas meets full Amt. of Need Std.

Other Notes: Need Stds. Reflect Geographic Region with Highest Caseload (Group III in 78, 79; Group IV from 1980 on).

State: **Kentucky**

Mandatory Medicaid Eligibility Groups-

AFDC Criteria	**1978**			**1984**
AFDC - UP	NO			
(Effect/Date Chng)	4/78			->
Preg Women-No Child	NO			
(Effect/Date Chng)	4/78			->
Child Age Limit	<21		<19	
(Effect/Date Chng)	4/78	->	10/81*	->

Medicaid Eligibility Financial Standards

AFDC	**1978**			**1984**
Need Standard				
o 1 Child	75		133	
o 1 Adult				
o Family 2	135		162	
o Family 3	185		188	
o Family 4	235		235	
(Effect/Date Chng)	4/78	->	7/80*	->
Payment Standard				
o 1 Child	"		"	
o 1 Adult	"		"	
o Family 2	"		"	
o Family 3	"		"	
o Family 4	"		"	
(Effect/Date Chng)	"	->	"	->
Maximum Payment				
o 1 Child	"		"	
o 1 Adult	"		"	
o Family 2	"		"	
o Family 3	"		"	
o Family 4	"		"	
(Effect/Date Chng)	"	->	"	->
Earned Income Disregard				
o Student	ALL		ALL	
o Work Exp.	ALL		75 (Full Time)	40(Part Time)
o Chld/IncapAdult	N/A		160(")	110(")
o 30 + 1/3	Gross Inc.		Net Inc. 4 mo.	
(Effect/Date Chng)	4/78		-> 12/81*	
Resource Limit				
o Home Value	No Limit		No Limit	
o Auto	Exempt		1500	
o NonHome Real	500-1 1000-2			
NonExmpt Pers	1500-3+		1000	
(Effect/Date Chng)	4/78		-> 12/81*	

* Verified Effective Date (All Others-Observed at Point In Time)
Effective dates fall on first of month unless otherwise noted.

Payment Calculation: Kentucky meets Full Amt. of Need Std.

Other Notes:

State: **Louisiana**

Mandatory Medicaid Eligibility Groups-
AFDC Criteria **1978** **1984**

AFDC - UP	NO						
(Effect/Date Chng)	4/78						->
Preg Women-No Child	YES			YES			
(Effect/Date Chng)	4/78		->	10/81*			->
Child Age Limit	<21			<19			
(Effect/Date Chng)	4/78		->	10/81*			->

Medicaid Eligibility Financial Standards
AFDC **1978** **1984**

Need Standard							
o 1 Child	125	136	151				
o 1 Adult	125	136	151				
o Family 2	240	261	289	331	363	387	400
o Family 3	333	364	402		505	538	556
o Family 4	410	446	494	565	620	661	684
(Effect/Date Chng)	4/78	->9/79	->10/80	->10/81	->10/82	->10/83	->1/84*
Payment Standard							
o 1 Child	53	57	57				
o 1 Adult	53	57	57				
o Family 2	101	110	110	137	138		136
o Family 3	140	153	153		190		189
o Family 4	172	187	187	234	234		232
(Effect/Date Chng)	4/78	->9/79	->10/80	->10/81	->10/82		->1/84*
Maximum Payment							
o 1 Child	53		57				
o 1 Adult	53		57				
o Family 2	101	110	110	137	138		136
o Family 3	140	153	153		190		189
o Family 4	172	187	187	234	234		232
(Effect/Date Chng)	4/78	->9/79	->10/80	->10/81	->10/82		-> 1/84*
Earned Income Disregard							
o Student	ALL			ALL			
o Work Exp.	ALL			75(>137hrs/mo)		less(<137hrs)	
o Chld/IncapAdult	N/A			160(")		less(")	
o 30 + 1/3	Gross, Inc.			Net Inc., 4 mo.			
(Effect/Date Chng)	4/78			-> 10/81*			
Resource Limit							
o Home Value	No Limit			No Limit			
o Auto	Exempt			1200			
o NonHome Real NonExmpt Pers	1000			1000			
(Effect/Date Chng)	4/78			-> 10/81*			

* Verified Effective Date (All Others-Observed at Point In Time)
Effective dates fall on first of month unless otherwise noted.
Payment Calculation: Income subtracted from reduced std. (1978-40% of need; 1979-42% of need; 1980-38% of need; 1981-41.5% of need; 1982-38% of need; 1983-35%, 1984-34% of need.) Payment is deficit.
Other Notes: Amounts reflect "urban" rates. "Now urban" is lower.

State: Maine

Mandatory Medicaid Eligibility Groups-

AFDC Criteria	1978					1984
AFDC - UP	NO					YES
(Effect/Date Chng)	4/78					->11/84
Preg Women-No Child	NO					
(Effect/Date Chng)	4/78					->
Child Age Limit	<21				<19	
(Effect/Date Chng)	4/78				-> 1/82*	->

Medicaid Eligibility Financial Standards

AFDC	1978					1984
Need Standard						
o 1 Child	75		112		121	
o 1 Adult			195		211	
o Family 2	205		307		332	349
o Family 3	277				448	471
o Family 4	349		522		564	593
(Effect/Date Chng)	4/78		-> 10/80		-> 10/82	->7/83*
Payment Standard						
o 1 Child	68	71	75	81	87	
o 1 Adult			131	141	152	
o Family 2	185	195	207	223	241	253
o Family 3	249	263			325	341
o Family 4	314	332	352	378	408	430
(Effect/Date Chng)	4/78	->9/79	->10/80	->10/81	->10/82	->7/83*
Maximum Payment						
o 1 Child	68	71	75	81	87	
o 1 Adult			131	141	152	
o Family 2	185	195	207	223	241	253
o Family 3	249	263			325	341
o Family 4	314	332	352	378	408	430
(Effect/Date Chng)	4/78	->9/79	->10/80	->10/81	->10/82	->7/83*
Earned Income Disregard						
o Student	ALL			ALL		
o Work Exp.	ALL			75(>20hrs/wk)38(<20hrs)		
o Chld/IncapAdult	N/A			160(")80(")		
o 30 + 1/3	Gross Inc.			Net Inc. 4 mo.		
(Effect/Date Chng)	4/78			->1/82*		
Resource Limit						
o Home Value	No Limit			No Limit		
o Auto	Exempt			1500		
o NonHome Real	500-1			500-1		
NonExmpt Pers	1000-FAM			1000-FAM		
(Effect/Date Chng)	4/78			->1/82*		

* Verified Effective Date (All Others-Observed at Point In Time)
Effective dates fall on first of month unless otherwise noted.

Payment Calculation: Income subtracted from reduced Std. (1978-90% of need; 1979-95% of need; 1980-67.5% of need; 1981 on - 72.5% of need). Payment is deficit.

Other Notes:

State: **Maryland**

Mandatory Medicaid Eligibility Groups-

AFDC Criteria	**1978**					**1984**
AFDC - UP	YES			YES		
(Effect/Date Chng)	4/78		->	10/81*		->
Preg Women-No Child	YES			YES		
(Effect/Date Chng)	4/78		->	10/81*		->
Child Age Limit	<21				<19	
(Effect/Date Chng)	4/78			-> 7/82*		->

Medicaid Eligibility Financial Standards

AFDC	**1978**					**1984**
Need Standard						
o 1 Child	115		120		166	
o 1 Adult					166	
o Family 2	203		211		291	
o Family 3	259				373	
o Family 4	314		326		450	
(Effect/Date Chng)	4/78		-> 10/80		-> 7/82*	->
Payment Standard						
o 1 Child	98	108	120		131	
o 1 Adult					131	
o Family 2	172	190	211		230	
o Family 3	220	243			295	
o Family 4	267	294	326		355	
(Effect/Date Chng)	4/78	->9/79	->10/80		-> 7/82*	->
Maximum Payment						
o 1 Child	98	108	120		131	
o 1 Adult					131	
o Family 2	172	190	211		230	
o Family 3	220	243			295	
o Family 4	267	294	326		355	
(Effect/Date Chng)	4/78	->9/79	->10/80		-> 7/82*	->
Earned Income Disregard						
o Student	ALL			ALL		
o Work Exp.	ALL			75(>100hrs/mo)50(<100hrs)		
o Chld/IncapAdult	N/A			160(")100(")		
o 30 + 1/3	Gross Inc.			Net Inc., 4 mo.		
(Effect/Date Chng)	4/78			->10/81*		->
Resource Limit						
o Home Value	No Limit					
o Auto	Exempt			->1500		
o NonHome Real NonExmpt Pers	300	->500			->1000	
(Effect/Date Chng)	4/78	->9/79		->10/81*	->10/82	->

* Verified Effective Date (All Others-Observed at Point In Time)
Effective dates fall on first of month unless otherwise noted.

Payment Calculation: Income subtracted from reduced std in 1978 (80% need), 1979 (93.7% need), and 1982 on (78.9% need). In 1980, 1981, state met full amount of need std.

Other Notes:

State: **Massachusetts**

Mandatory Medicaid Eligibility Groups-
AFDC Criteria **1978** **1984**

AFDC - UP	YES					YES			
(Effect/Date Chng)	4/78				->	2/82*			->
Preg Women-No Child	YES					YES			
(Effect/Date Chng)	4/78				->	8/82*			->
Child Age Limit	<21					<19			
(Effect/Date Chng)	4/78				->	2/82*			->

Medicaid Eligibility Financial Standards
AFDC **1978** **1984**

Need Standard									
o 1 Child	220			248		260			
o 1 Adult	220			248		260			
o Family 2	279		296	314		330			347
o Family 3	337					398			418
o Family 4	396		419	445		467			490
(Effect/Date Chng)	7/78	->	9/79	->	10/80	->	10/82	->	10/84*
Payment Standard									
o 1 Child	"			248		248			
o 1 Adult	"		"	248		248			
o Family 2	"		"	314		314			
o Family 3	"					379			
o Family 4	"		"	445		445			
(Effect/Date Chng)	"		"	10/80		->10/82			->
Maximum Payment									
o 1 Child	"			248		248			
o 1 Adult	"			248		248			
o Family 2	"		"	314		314			
o Family 3	"					379			
o Family 4	"		"	445		445			
(Effect/Date Chng)	"		"	10/80		->10/82			->
Earned Income Disregard									
o Student	ALL					ALL			
o Work Exp.	ALL					75(>30hrs/wk)less(<30hrs)			
o Chld/IncapAdult	N/A		160(	"	)less(	"	)120 max.		
o 30 + 1/3	Gross Inc.					Net Inc. 4mo			
(Effect/Date Chng)	4/78					->10/81*			->10/82
Resource Limit									
o Home Value	No Limit					No Limit			
o Auto	Exempt					1500			
o NonHome Real NonExmpt Pers	1000					1000			
(Effect/Date Chng)	4/78					->8/82*			->

* Verified Effective Date (All Others-Observed at Point In Time)
Effective dates fall on first of month unless otherwise noted.

Payment Calculation: State met full amount of need std. thru 1981. Income subtracted from reduced std. in 1982, (95.25% of need), and in 1984 (90.9% of need).

Other Notes:

State: **Michigan**

Mandatory Medicaid Eligibility Groups-
AFDC Criteria **1978** **1984**

AFDC - UP	YES				YES	
(Effect/Date Chng)	4/78				->1/82*	->
Preg Women-No Child	NO	YES			YES	
(Effect/Date Chng)	4/78	->9/79			->1/82*	->
Child Age Limit	<21		<18		<19	
(Effect/Date Chng)	4/78		->10/80		->1/82*	->

Medicaid Eligibility Financial Standards
AFDC **1978** **1984**

Need Standard						
o 1 Child				91		
o 1 Adult				274		
o Family 2	319	338	361	357	357	
o Family 3					432	
o Family 4	459	480	513	508	538	
(Effect/Date Chng)	4/78	-> 9/79	->10/80	->12/81*	->7/82*	->
Payment Standard						
o 1 Child				83		
o 1 Adult				251		
o Family 2	319	338	361	357	357	
o Family 3					432	
o Family 4	459	480	513	508	538	
(Effect/Date Chng)	4/78	-> 9/79	->10/80	->12/81*	->7/82*	->
Maximum Payment						
o 1 Child				83		
o 1 Adult				251		
o Family 2	"	"	"	327	327	
o Family 3					395	
o Family 4	"	"	"	465	492	
(Effect/Date Chng)	"	"	"->	12/81*	->7/82*	->
Earned Income Disregard						
o Student	ALL			ALL		
o Work Exp.	ALL			75		
o Chld/IncapAdult	N/A			160		
o 30 + 1/3	Gross Inc.			Net Inc., 4 mo.		
(Effect/Date Chng)	4/78		->	10/81*		->
Resource Limit						
o Home Value	No Limit			No Limit		
o Auto	750	-> Exempt	->	1500		
o NonHome Real	1500-1					
NonExmpt Pers	2000-FAM		->	1000		
(Effect/Date Chng)	4/78	-> 9/79	->	1/82*		->

* Verified Effective Date (All Others-Observed at Point In Time)
Effective dates fall on first of month unless otherwise noted.
Payment Calculation:State met full amt. of need Std. through 1980 From 1981 on Income Subtracted from reduced Std. (91.5% of need).
Other Notes:Amounts reflect Zone 1, Area IV through 1981, no mention of seasonal differences. In 1982, an extra winter heating allowance can be given . In 1982 stds. reflect average monthly heating allowance.

State: **Minnesota**

Mandatory Medicaid Eligibility Groups-
AFDC Criteria **1978** **1984**

| | | |

State: **Mississippi**

Mandatory Medicaid Eligibility Groups-

AFDC Criteria	**1978**	**1984**
AFDC - UP	NO	
(Effect/Date Chng)	4/78	->
Preg Women-No Child	NO	
(Effect/Date Chng)	4/78	->
Child Age Limit	<18	
(Effect/Date Chng)	4/78	->

Medicaid Eligibility Financial Standards

AFDC	**1978**		**1984**	
Need Standard				
o 1 Child	132		171	
o 1 Adult				
o Family 2	188		244	
o Family 3	220		286	
o Family 4	252		327	
(Effect/Date Chng)	4/78		-> 11/82*	->
Payment Standard				
o 1 Child	53	99	128	
o 1 Adult				
o Family 2	75	141	183	
o Family 3	88	165	215	
o Family 4	101	189	245	
(Effect/Date Chng)	4/78-> 7/78*		-> 11/82*	->
Maximum Payment				
o 1 Child	30	60		
o 1 Adult				
o Family 2	30	60		
o Family 3	48	96		
o Family 4	60	120		
(Effect/Date Chng)	4/78-> 7/78*			->
Earned Income Disregard				
o Student	ALL		ALL	
o Work Exp.	ALL		75(>30hrs/wk)40(<30hrs)	
o Chld/IncapAdult	N/A		160(")100(")	
o 30 + 1/3	Gross Inc.		Net Inc. 40 mo.	
(Effect/Date Chng)	4/78		->10/81*	
Resource Limit				
o Home Value	3500	5000	No Limit	
o Auto	300	1550	1500	
o NonHome Real	750-1			
NonExmpt Pers	1500-FAM		1000	
(Effect/Date Chng)	4/78 ->9/79		-> 10/81*	

* Verified Effective Date (All Others-Observed at Point In Time)
Effective dates fall on first of month unless otherwise noted.

Payment Calculation: Income subtracted from full need std. Defecit then reduced by percent reduction (40% up to 7/78, 75% thereafter). Payment is lesser of a) reduced deficit, or b)maximum by family size.

Other Notes:

State: **Missouri**

Mandatory Medicaid Eligibility Groups-
AFDC Criteria **1978** **1984**

AFDC - UP	YES			NO		YES	
(Effect/Date Chng)	4/78			->6/81*		->6/83*	->
Preg Women-No Child	NO						
(Effect/Date Chng)	4/78						->
Child Age Limit	<21				<19		
(Effect/Date Chng)	4/78				->3/82*		->

Medicaid Eligibility Financial Standards
AFDC **1978** **1984**

Need Standard							
o 1 Child	145						
o 1 Adult							
o Family 2	250						
o Family 3	312						
o Family 4	365						
(Effect/Date Chng)	4/78						->
Payment Standard							
o 1 Child	94	102	107	115		121	117
o 1 Adult							
o Family 2	163	175	185	199		209	202
o Family 3	203	218	231	248		261	252
o Family 4	237	256	270	290		305	295
(Effect/Date Chng)	4/78->	10/78->9/79->10/80				->10/82	->10/84*
Maximum Payment							
o 1 Child	94	102	190				
o 1 Adult			190				
o Family 2	163	175	275				
o Family 3	203	218	343				
o Family 4	237	256	402				
(Effect/Date Chng)	4/78->	10/78->9/79					->
Earned Income Disregard							
o Student	ALL				ALL		
o Work Exp.	ALL			75(Fulltime)		55(Parttime)	
o Chld/IncapAdult	N/A			160(")		120(")	
o 30 + 1/3	Gross Inc.			Net Inc., 4 mo.			
(Effect/Date Chng)	4/78				10/81*		->
Resource Limit							
o Home Value	10,500->	20,500			No Limit		
o Auto	Exempt				1500		
o NonHome Real NonExmpt Pers	1500				1000		
(Effect/Date Chng)	4/78	-> 9/79			6/82*		->

* Verified Effective Date (All Others-Observed at Point In Time)
Effective dates fall on first of month unless otherwise noted.

Payment Calculation: Payment is lesser of a) defecit after subtracting income from a reduced Std. (65% of need in 1978, 70% and 74% of need in 1979, 79.55% of need in 1980, 83.53% in 1982, and 81% in 1984), or b) maximums by family size (established in 1979 by state statute).

Other Notes:

State: **Montana**

Mandatory Medicaid Eligibility Groups-
AFDC Criteria **1978** **1984**

AFDC - UP	YES							NO				
(Effect/Date Chng)	4/78							->1/82*				->
Preg Women-No Child	YES							YES				
(Effect/Date Chng)	4/78							->1/82*				->
Child Age Limit	<21					<19						
(Effect/Date Chng)	4/78				->10/81*							->

Medicaid Eligibility Financial Standards
AFDC **1978** **1984**

Need Standard												
o 1 Child	42	67								256		
o 1 Adult	139	154										
o Family 2	167	193				311		342		337		
o Family 3	255	259								401		
o Family 4	331	331				473		523		513		
(Effect/Date Chng)	7/78	->9/79			->10/81*		->1/82*		->7/82*			->
Payment Standard												
o 1 Child	"	"								212		
o 1 Adult	"	"										
o Family 2	"	"				233		257		279		
o Family 3	"	"								332		
o Family 4	"	"				355		392		425		
(Effect/Date Chng)	"	"			10/81*		->1/82*		->7/82*			->
Maximum Payment												
o 1 Child	"	"								212		
o 1 Adult	"	"										
o Family 2	"	"				233		257		279		
o Family 3	"	"								332		
o Family 4	"	"				355		392		425		
(Effect/Date Chng)	"	"			->10/81*		->1/82*		->7/82*			->
Earned Income Disregard												
o Student	ALL					ALL						
o Work Exp.	ALL					75(>120hrs/mo)				less(<120hrs)		
o Chld/IncapAdult	N/A				160(	"	)			less(	"	)
o 30 + 1/3	Gross Inc.					Net Inc., 4 mo.						
(Effect/Date Chng)	4/78				->10/81*							->
Resource Limit												
o Home Value	No Limit			26,000				No Limit				
o Auto	Exempt							1500				
o NonHome Real	1500-1											
NonExmpt Pers	2250-2			1500								
	100-Each addit.							1000				
(Effect/Date Chng)	4/78		->9/79			->10/81*						

* Verified Effective Date (All Others-Observed at Point In Time)
Effective dates fall on first of month unless otherwise noted.

Payment Calculation: State met full amt. of need Std. until 1981. Thereafter, income subtracted from reduced Std. (75% of need in 1981, 1982; 82.5% after 7/1/82.

Other Notes:

State: **Nebraska**

Mandatory Medicaid Eligibility Groups-

AFDC Criteria	**1978**		**1984**
AFDC - UP	YES	YES	
(Effect/Date Chng)	4/78	->10/81*	->
Preg Women-No Child	YES	YES	
(Effect/Date Chng)	4/78	->12/81*	->
Child Age Limit	<21	<19	
(Effect/Date Chng)	4/78	->7/81*	->

Medicaid Eligibility Financial Standards

AFDC	**1978**		**1984**
Need Standard			
o 1 Child	190	205	210
o 1 Adult			
o Family 2	250	270	280
o Family 3	310	335	350
o Family 4	370	400	420
(Effect/Date Chng)	4/78	->10/80	->7/81* ->
Payment Standard			
o 1 Child	"	"	"
o 1 Adult			
o Family 2	"	"	"
o Family 3	"	"	"
o Family 4	"	"	"
(Effect/Date Chng)	"	"	" ->
Maximum Payment			
o 1 Child	"	"	"
o 1 Adult			
o Family 2	"	"	"
o Family 3	"	"	"
o Family 4	"	"	"
(Effect/Date Chng)	"	"	" ->
Earned Income Disregard			
o Student	ALL		ALL
o Work Exp.	ALL		75(>30hrs/wk)70(<30hrs)
o Chld/IncapAdult	N/A	160(")Less(")	
o 30 + 1/3	Gross Inc.		Net Inc., 4 mo.
(Effect/Date Chng)	4/78	->1/82*	->
Resource Limit			
o Home Value	No Limit		No Limit
o Auto	1200		1500
o NonHome Real	1500-1 2250-2,3,4		
NonExmpt Pers	25-Each addit.		1000
(Effect/Date Chng)	4/78	->11/81*	->

* Verified Effective Date (All Others-Observed at Point In Time)
Effective dates fall on first of month unless otherwise noted.

Payment Calculation: State sets maximums by family size at same levels as need std. Countable income is subtracted from full need Std. Payment is deficit. (In effect, state meets full amt. of need std.) Note: Maximums by family size discontinued as of 12/31/83.

State: **Nevada**

Mandatory Medicaid Eligibility Groups-

AFDC Criteria	**1978**	**1984**
AFDC - UP	NO	
(Effect/Date Chng)	4/78	->
Preg Women-No Child	YES	YES
(Effect/Date Chng)	4/78	->11/81* ->
Child Age Limit	<21	<19
(Effect/Date Chng)	4/78	->11/81* ->

Medicaid Eligibility Financial Standards

AFDC	**1978**				**1984**
Need Standard					
o 1 Child	56				
o 1 Adult	173				
o Family 2	229				
o Family 3	285				
o Family 4	341				
(Effect/Date Chng)	4/78				->
Payment Standard					
o 1 Child	45	49	52	53	45
o 1 Adult	141	151	159	164	138
o Family 2	185	199	211	218	183
o Family 3	231	248	262	271	228
o Family 4	276	297	314	324	272
(Effect/Date Chng)	7/78	->9/79	->10/80	->12/81*	->7/83* ->
Maximum Payment					
o 1 Child	45	49	52	53	45
o 1 Adult	141	151	159	164	138
o Family 2	185	199	211	218	183
o Family 3	231	248	262	271	228
o Family 4	276	297	314	324	272
(Effect/Date Chng)	4/78 ->	9/79->	10/80->	12/81*	->7/83* ->
Earned Income Disregard					
o Student	ALL			ALL	
o Work Exp.	ALL			75(<120hrs/mo)	50(<120hrs)
o Chld/IncapAdult	N/A		160(")		80(")
o 30 + 1/3	Gross Inc.			Net Inc., 4 mo.	
(Effect/Date Chng)	4/78			->12/81*	->
Resource Limit					
o Home Value	No Limit			No Limit	
o Auto	Exempt			1500	
o NonHome Real	500-2			500-2 150-ea. addit.	
NonExmpt Pers	150-ea. addit.			Not to exceed 1000	
(Effect/Date Chng)	4/78			->11/81*	->

* Verified Effective Date (All Others-Observed at Point In Time)
Effective dates fall on first of month unless otherwise noted.

Payment Calculation: Countable income subtracted from reduced Std. (81% - 1978, 87%-1979, 92%-1980, 95%-1981, 80%-1983).

Other Notes:

State: **New Hampshire**

Mandatory Medicaid Eligibility Groups-

AFDC Criteria	**1978**			**1984**
AFDC - UP	NO			
(Effect/Date Chng)	4/78			->
Preg Women-No Child	NO			
(Effect/Date Chng)	4/78			->
Child Age Limit	<21		<18	
(Effect/Date Chng)	4/78		->10/81*	->

Medicaid Eligibility Financial Standards

AFDC	**1978**			**1984**
Need Standard				
o 1 Child	226	241		
o 1 Adult	226	241		
o Family 2	263	292		306
o Family 3	308	346		362
o Family 4	346	392		410
(Effect/Date Chng)	4/78	->9/79		->7/83* ->
Payment Standard				
o 1 Child	"	"		
o 1 Adult	"	"		
o Family 2	"	"		"
o Family 3	"	"		"
o Family 4	"	"		"
(Effect/Date Chng)	"	"		" ->
Maximum Payment				
o 1 Child	"	"		
o 1 Adult	"	"		
o Family 2	"	"		"
o Family 3	"	"		"
o Family 4	"	"		"
(Effect/Date Chng)	"	"		" ->
Earned Income Disregard				
o Student	ALL		ALL	
o Work Exp.	ALL	75(if earn $290/mo)		37.50(<$290/mo)
o Chld/IncapAdult	N/A	160(")		80(")
o 30 + 1/3	Gross Inc.		Net Inc. 4 mo.	
(Effect/Date Chng)	4/78		->10/81*	
Resource Limit				
o Home Value	No Limit		No Limit	
o Auto	Exempt		1500	
o NonHome Real NonExmpt Pers	500		500	->1000
(Effect/Date Chng)	4/78		-> 10/81*	->10/83 ->

* Verified Effective Date (All Others-Observed at Point In Time)
Effective dates fall on first of month unless otherwise noted.

Payment Calculation: State meets full amt. of need std. Income subtracted from need std., payment is deficit.

Other Notes:

State: **New Jersey**

Mandatory Medicaid Eligibility Groups-

AFDC Criteria	**1978**				**1984**
AFDC - UP	YES		YES		
(Effect/Date Chng)	4/78		->10/81*		->
Preg Women-No Child	NO				
(Effect/Date Chng)	4/78				->
Child Age Limit	<21			<19	
(Effect/Date Chng)	4/78			->2/82*	->

Medicaid Eligibility Financial Standards

AFDC	**1978**				**1984**
Need Standard					
o 1 Child	124	128	137		
o 1 Adult					
o Family 2	247	255	273		
o Family 3	326	336	360		
o Family 4	374	386	414		
(Effect/Date Chng)	7/78->	9/79->	7/80*		->
Payment Standard					
o 1 Child	"	"	"		
o 1 Adult					
o Family 2	"	"	"		
o Family 3	"	"	"		
o Family 4	"	"	"		
(Effect/Date Chng)	"	"	"		->
Maximum Payment					
o 1 Child	"	"	"		
o 1 Adult					
o Family 2	"	"	"		
o Family 3	"	"	"		
o Family 4	"	"	"		
(Effect/Date Chng)	"	"	"		->
Earned Income Disregard					
o Student	ALL		ALL		
o Work Exp.	ALL		75(>120hrs/mo)	50(<120hrs)	
o Chld/IncapAdult	N/A		160(")	110(")	
o 30 + 1/3	Gross Inc.		Net Inc. 4 mo.		
(Effect/Date Chng)	4/78		->10/81*		->
Resource Limit					
o Home Value	No Limit		No Limit		
o Auto	500		1200	->1500	
o NonHome Real	<1 mo. Budget				
NonExmpt Pers			1000		
(Effect/Date Chng)	4/78		->10/81*	->10/82	->

* Verified Effective Date (All Others-Observed at Point In Time)
Effective dates fall on first of month unless otherwise noted.

Payment Calculation: State meet full amt. of need std. Income subtracted from need std., payment is defecit.

Other Notes:

State: **New Mexico**

Mandatory Medicaid Eligibility Groups-

AFDC Criteria	**1978**					**1984**
AFDC - UP	NO					
(Effect/Date Chng)	4/78					->
Preg Women-No Child	YES			YES		
(Effect/Date Chng)	4/78			->12/81*		->
Child Age Limit	<21			<19		
(Effect/Date Chng)	4/78			->12/81*		->

Medicaid Eligibility Financial Standards

AFDC	**1978**					**1984**
Need Standard						
o 1 Child	111	114		131		
o 1 Adult	111	114		131		
o Family 2	160	163	178	189		210
o Family 3	197	200		233		258
o Family 4	239	242	267	281		313
(Effect/Date Chng)	4/78	->9/79	->10/80	->10/81		->11/84*
Payment Standard						
o 1 Child	102	"		"		
o 1 Adult	102	"		"		
o Family 2	147	"	"	"		"
o Family 3	181	"		"		"
o Family 4	220	"	"	"		"
(Effect/Date Chng)	4/78	"	"	"		"
Maximum Payment						
o 1 Child	102	"		"		
o 1 Adult	102	"		"		
o Family 2	147	"	"	"		"
o Family 3	181	"		"		"
o Family 4	220	"	"	"		"
(Effect/Date Chng)	4/78	"	"	"		"
Earned Income Disregard						
o Student	ALL			ALL		
o Work Exp.	ALL		75(>30hrs/wk)37.50(<30hrs)			
o Chld/IncapAdult	N/A		160(")80(")			
o 30 + 1/3	Gross Inc.		Net Inc. 4 mo.			
(Effect/Date Chng)	4/78		->12/81*			->
Resource Limit						
o Home Value	No Limit			No Limit		
o Auto	Exempt			1500		
o NonHome Real	1200					
NonExmpt Pers				1000		
(Effect/Date Chng)	4/78			->12/81*		->

* Verified Effective Date (All Others-Observed at Point In Time)
Effective dates fall on first of month unless otherwise noted.

Payment Calculation: From 1979 on, State meets full amt. of need std. In 1978, income subtracted from full need. 92% reduction applied to deficit.

Other Notes:

State: **New York**

Mandatory Medicaid Eligibility Groups-

AFDC Criteria	**1978**		**1984**
AFDC - UP	YES	YES	
(Effect/Date Chng)	4/78	->1/82*	->
Preg Women-No Child	YES	YES	
(Effect/Date Chng)	4/78	->1/82*	->
Child Age Limit	<21	<19	
(Effect/Date Chng)	4/78	->1/82*	->

Medicaid Eligibility Financial Standards

AFDC	**1978**		**1984**
Need Standard			
o 1 Child	246	260	
o 1 Adult	246	260	
o Family 2	333	356	399
o Family 3	394	424	474
o Family 4	476	515	566
(Effect/Date Chng)	4/78	->10/81	->1/84*
Payment Standard			
o 1 Child	"	"	
o 1 Adult	"	"	
o Family 2	"	"	"
o Family 3	"	"	"
o Family 4	"	"	"
(Effect/Date Chng)	"	"	"
Maximum Payment			
o 1 Child	"	"	
o 1 Adult	"	"	
o Family 2	"	"	"
o Family 3	"	"	"
o Family 4	"	"	"
(Effect/Date Chng)	"	"	"
Earned Income Disregard			
o Student	ALL	ALL	
o Work Exp.	ALL	75(Fulltime)50(Parttime)	
o Chld/IncapAdult	N/A	160(")less(")	
o 30 + 1/3	Gross Inc.	Net Inc., 4 mo	
(Effect/Date Chng)	4/78	->1/82*	->
Resource Limit			
o Home Value	No Limit	No Limit	
o Auto	Exempt	1500	
o NonHome Real	1000-Child Trust Fund		
NonExmpt Pers	1000-Pers Insurance	1000	
(Effect/Date Chng)	4/78	->1/82*	->

* Verified Effective Date (All Others-Observed at Point In Time)
Effective dates fall on first of month unless otherwise noted.

Payment Calculation: State meets full amt. of need std.

Other Notes: Need stds. for New York City are presented. NYC has highest caseload.

State: North Carolina

Mandatory Medicaid Eligibility Groups-

AFDC Criteria	**1978**				**1984**
AFDC - UP	NO				
(Effect/Date Chng)	4/78				->
Preg Women-No Child	NO				
(Effect/Date Chng)	4/78				->
Child Age Limit	<21		<19		
(Effect/Date Chng)	4/78		->10/81*		->

Medicaid Eligibility Financial Standards

AFDC	**1978**				**1984**
Need Standard					
o 1 Child	121	127		268	
o 1 Adult					
o Family 2	159	167	334	352	
o Family 3	183	192		404	
o Family 4	200	210	420	442	
(Effect/Date Chng)	4/78	->9/79	->10/81*	->8/82*	->
Payment Standard					
o 1 Child	"	"		134	
o 1 Adult					
o Family 2	"	"	167	176	
o Family 3	"	"		202	
o Family 4	"	"	210	221	
(Effect/Date Chng)	"	"	->10/81*	->8/82*	->
Maximum Payment					
o 1 Child	"	"		134	
o 1 Adult					
o Family 2	"	"	167	176	
o Family 3	"	"		202	
o Family 4	"	"	210	221	
(Effect/Date Chng)	"	"	->10/81*	->8/82*	->
Earned Income Disregard					
o Student	ALL		ALL		
o Work Exp.	ALL		75(>60hrs/mo)	38(<60 hrs)	
o Chld/IncapAdult	N/A		160		
o 30 + 1/3	Gross Inc.		Net Inc., 4 mo.		
(Effect/Date Chng)	4/78		->10/81*		->
Resource Limit					
o Home Value	No Limit		No Limit		
o Auto	1200		1500		
o NonHome Real	1100-2 50-Ea. addit.				
NonExmpt Pers	2000-maximum		1000		
(Effect/Date Chng)	4/78		->10/81*		->

* Verified Effective Date (All Others-Observed at Point In Time)
Effective dates fall on first of month unless otherwise noted.

Payment Calculation: State met full amt. of need std. until 1981. From 1981 on, 50% reduction applied to need std., income then subtracted. Payment is deficit.

Other Notes:

State: **North Dakota**

Mandatory Medicaid Eligibility Groups-

AFDC Criteria	**1978**				**1984**
AFDC - UP	NO				
(Effect/Date Chng)	4/78				->
Preg Women-No Child	YES			YES	
(Effect/Date Chng)	4/78			->11/81*	->
Child Age Limit	<21			<19	
(Effect/Date Chng)	4/78			->11/81*	->

Medicaid Eligibility Financial Standards

AFDC	**1978**				**1984**
Need Standard					
o 1 Child	81	85	90	96	
o 1 Adult	154	162	180	193	
o Family 2	235	247	270	289	
o Family 3	302	318		357	
o Family 4	370	389	408	437	
(Effect/Date Chng)	7/78->	9/79->	10/80-	>11/81*	->
Payment Standard					
o 1 Child	"	"	"	"	
o 1 Adult	"	"	"	"	
o Family 2	"	"	"	"	
o Family 3	"	"		"	
o Family 4	"	"	"	"	
(Effect/Date Chng)	"	"	"	"	->
Maximum Payment					
o 1 Child	"	"	"	"	
o 1 Adult	"	"	"	"	
o Family 2	"	"	"	"	
o Family 3	"	"		"	
o Family 4	"	"	"	"	
(Effect/Date Chng)	"	"	"	"	->
Earned Income Disregard					
o Student	ALL			ALL	
o Work Exp.	ALL			75(>85hrs/mo)35(<85hrs)	
o Chld/IncapAdult	N/A			160	
o 30 + 1/3	Gross Inc.			Net Inc., 4 mo.	
(Effect/Date Chng)	4/78			->11/81*	->
Resource Limit					
o Home Value	No Limit			No Limit	
o Auto	3000	Exempt		1500	
o NonHome Real	1000				
NonExmpt Pers				1000	
(Effect/Date Chng)	4/78	->9/79		->11/81*	->

* Verified Effective Date (All Others-Observed at Point In Time)
Effective dates fall on first of month unless otherwise noted.

Payment Calculation: State meets full amt. of need std.

Other Notes:

State: **Ohio**

Mandatory Medicaid Eligibility Groups-

AFDC Criteria	**1978**					**1984**
AFDC - UP	YES			YES		
(Effect/Date Chng)	4/78			->10/81*		->
Preg Women-No Child	YES			YES		
(Effect/Date Chng)	4/78			->10/81*		->
Child Age Limit	<21			<19		
(Effect/Date Chng)	4/78			->10/81*		->

Medicaid Eligibility Financial Standards

AFDC	**1978**					**1984**
Need Standard						
o 1 Child	146			262	298	324
o 1 Adult	146			262	298	324
o Family 2	284			346	393	430
o Family 3	346				489	537
o Family 4	431			515	584	643
(Effect/Date Chng)	4/78			->6/81*	->10/82	->1/84*
Payment Standard						
o 1 Child	91	99	111	111	111	111
o 1 Adult	91	99	111	111	111	111
o Family 2	176	192	216	215	216	227
o Family 3	215	234	263	269	276	
o Family 4	267	291	327	319	321	343
(Effect/Date Chng)	4/78 ->	7/78->	9/79	->6/81*	->10/82	->1/84*
Maximum Payment						
o 1 Child	91	99	111	111	111	111
o 1 Adult	91	99	111	111	111	111
o Family 2	176	192	216	215	216	227
o Family 3	215	234	263	269	276	
o Family 4	267	291	327	319	321	343
(Effect/Date Chng)	4/78->	7/78->	9/79	->6/81*	->10/82	->1/84*
Earned Income Disregard						
o Student	ALL				ALL	
o Work Exp.	ALL			75(>35hrs/wk)	50(<35hrs)	
o Chld/IncapAdult	N/A			160(")	120(")	
o 30 + 1/3	Gross Inc.				Net Inc., 4 mo.	
(Effect/Date Chng)	4/78				->10/81*	->
Resource Limit						
o Home Value	No Limit				No Limit	
o Auto	1200				1200	
o NonHome Real NonExmpt Pers	2250				1000	
(Effect/Date Chng)	4/78				->10/81*	->

* Verified Effective Date (All Others-Observed at Point In Time)
Effective dates fall on first of month unless otherwise noted.

Payment Calculation: Income subtracted from reduced std. (62% of need-4/78, 68%-7/78, 75.9%-1979 & 1980, 62% in 1981, 55%-1982, 52% in 1984). Payment is deficit.

Other Notes:

State: **Oklahoma**

Mandatory Medicaid Eligibility Groups-

AFDC Criteria	**1978**			**1984**
AFDC - UP	NO			
(Effect/Date Chng)	4/78			->
Preg Women-No Child	No		YES	NO
(Effect/Date Chng)	4/78		->4/83	->10/83
Child Age Limit	<21	<19		
(Effect/Date Chng)	4/78	->10/81*		->

Medicaid Eligibility Financial Standards

AFDC	**1978**		**1984**
Need Standard			
o 1 Child	74	84	
o 1 Adult	157	167	
o Family 2	198	218	
o Family 3	252	282	
o Family 4	309	349	
(Effect/Date Chng)	4/78->	7/80*	->
Payment Standard			
o 1 Child	"	"	
o 1 Adult	"	"	
o Family 2	"	"	
o Family 3	"	"	
o Family 4	"	"	
(Effect/Date Chng)	"	"	->
Maximum Payment			
o 1 Child	"	"	
o 1 Adult	"	"	
o Family 2	"	"	
o Family 3	"	"	
o Family 4	"	"	
(Effect/Date Chng)	"	"	->
Earned Income Disregard			
o Student	ALL	ALL	
o Work Exp.	ALL	75(Fulltime)less(Parttime)	
o Chld/IncapAdult	N/A	160 (")	
o 30 + 1/3	Gross Inc.	Net Inc., 4 mo.	
(Effect/Date Chng)	4/78	->10/81*	->
Resource Limit	20,000 +		
o Home Value	40 acres	No Limit	No Limit
o Auto	Exempt	Exempt	1500
o NonHome Real	550-2 850-8 1500-1 600-3 2250-2		
NonExmpt Pers	50-ea. addit->50-per child		1000
(Effect/Date Chng)	4/78	->10/80 ->10/81*	->

* Verified Effective Date (All Others-Observed at Point In Time)
Effective dates fall on first of month unless otherwise noted.

Payment Calculation: State meets full amt. of need std.

Other Notes:

State: **Oregon**

Mandatory Medicaid Eligibility Groups-

AFDC Criteria	**1978**					**1984**	
AFDC - UP	YES	NO					
(Effect/Date Chng)	4/78->7/79*						->
Preg Women-No Child	YES			YES(from 9th mo)			
(Effect/Date Chng)	4/78			->10/81*			->
Child Age Limit	<21			<19			
(Effect/Date Chng)	4/78			->10/81*			->

Medicaid Eligibility Financial Standards

AFDC	**1978**					**1984**	
Need Standard							
o 1 Child				86		151	
o 1 Adult				227		239	246
o Family 2	304	358	281	286		303	312
o Family 3				338		358	368
o Family 4	470	537	376	409		433	446
(Effect/Date Chng)	4/78	->9/79	->10/80	->1/81*		->2/83*	->1/84*
Payment Standard							
o 1 Child				"		"	
o 1 Adult				"		"	"
o Family 2	277	304	"	"		"	"
o Family 3				"		"	"
o Family 4	428	456	"	"		"	"
(Effect/Date Chng)	4/78	->9/79	"	"		"	"
Maximum Payment							
o 1 Child				"		"	
o 1 Adult				"		"	"
o Family 2	277	304	"	"		"	"
o Family 3				"		"	"
o Family 4	428	456	"	"		"	"
(Effect/Date Chng)	4/78	->9/79	"	"		"	"
Earned Income Disregard							
o Student	ALL			ALL			
o Work Exp.	ALL			75(Fulltime)less(Partime)			
o Chld/IncapAdult	N/A			160(")less(")			
o 30 + 1/3	Gross Inc.			Net Inc. 4 mo.			
(Effect/Date Chng)	4/78			->10/81*			->
Resource Limit							
o Home Value	No Limit			No Limit			
o Auto	Exempt			1200		->1500	
o NonHome Real	1500-1						
NonExmpt Pers	2250-2+		1750	1000			
(Effect/Date Chng)	4/78		->9/79	->10/81*		->10/83	->

* Verified Effective Date (All Others-Observed at Point In Time)
Effective dates fall on first of month unless otherwise noted.

Payment Calculation: From 1980 on, State meets full amt. of need std. Before 1980, income subtracted from reduced std. (91%-1978, 85%-1979).

Other Notes:

State: Pennsylvania

Mandatory Medicaid Eligibility Groups-

AFDC Criteria	1978		1984
AFDC - UP	YES	YES	
(Effect/Date Chng)	4/78	->11/81*	->
Preg Women-No Child	YES	NO	
(Effect/Date Chng)	4/78	->11/81*	->
Child Age Limit	<21	<19	
(Effect/Date Chng)	4/78	->11/81*	->

Medicaid Eligibility Financial Standards

AFDC	1978			1984
Need Standard				
o 1 Child	164	172		
o 1 Adult	164	172		
o Family 2	247	262	450	
o Family 3	302	318	545	
o Family 4	360	381	652	
(Effect/Date Chng)	8/76*	->1/80*	->7/82*	->
Payment Standard				
o 1 Child	"	"		
o 1 Adult	"	"		
o Family 2	"	"	262	
o Family 3	"	"	335	
o Family 4	"	"	401	
(Effect/Date Chng)	"	"	->7/82*	->
Maximum Payment				
o 1 Child	"	"		
o 1 Adult	"	"		
o Family 2	"	"	262	
o Family 3	"	"	335	
o Family 4	"	"	401	
(Effect/Date Chng)	"	"	->7/82*	->
Earned Income Disregard				
o Student	ALL	ALL		
o Work Exp.	ALL	75(>30hrs/wk)	55(<30hrs)	
o Chld/IncapAdult	N/A	160(")	120(")	
o 30 + 1/3	Gross Inc.	Net Inc. 4 mo		
(Effect/Date Chng)	4/78	->11/81*		->
Resource Limit				
o Home Value	No Limit	No Limit		
o Auto	Exempt	1500		
o NonHome Real	250-1			
NonExmpt Pers	100-ea. addit.	1000		
(Effect/Date Chng)	4/78	->11/81*		->

* Verified Effective Date (All Others-Observed at Point In Time)
Effective dates fall on first of month unless otherwise noted.

Payment Calculation: State meets full amt. of need std. until 7/82. After 7/82, income subtracted from reduced std. (variable % reductions).

Other Notes: Pennsylvania divided into 4 regions. Region II (highest caseload) is displayed. Controversy surrounds need std. of 7/82, the "Woodbury Standard". State plan publishes need std. at level equal to payment std. But U.S. District Court injunction requires use of "Woodbury Std." for eligibility determination.

State: **Rhode Island**

Mandatory Medicaid Eligibility Groups-
AFDC Criteria

	1978			1984	
AFDC - UP	YES		YES		
(Effect/Date Chng)	4/78		->10/81*		->
Preg Women-No Child	YES		YES		
(Effect/Date Chng)	4/78		->10/81*		->
Child Age Limit	<21		<19		
(Effect/Date Chng)	4/78		->10/81*		->

Medicaid Eligibility Financial Standards
AFDC

	1978			1984	
Need Standard					
o 1 Child	109	118		128	
o 1 Adult				218	
o Family 2	255	276	298	299	
o Family 3	314	340	367	368	
o Family 4	359	389	420	421	
(Effect/Date Chng)	4/78	->9/79	->10/81	->1/83*	->
Payment Standard					
o 1 Child	"	"		"	
o 1 Adult				"	
o Family 2	"	"	"	"	
o Family 3	"	"	"	"	
o Family 4	"	"	"	"	
(Effect/Date Chng)	"	"	"	"	->
Maximum Payment					
o 1 Child	"	"		"	
o 1 Adult				"	
o Family 2	"	"	"	"	
o Family 3	"	"	"	"	
o Family 4	"	"	"	"	
(Effect/Date Chng)	"	"	"	"	->
Earned Income Disregard					
o Student	ALL		ALL		
o Work Exp.	ALL		75(>100hrs/mo)	38(<100hrs)	
o Chld/IncapAdult	N/A		160(")	80(")	
o 30 + 1/3	Gross Inc.		Net Inc. 4 mo.		
(Effect/Date Chng)	4/78		->10/81*		->
Resource Limit					
o Home Value	No Limit		No Limit		
o Auto	Exempt		1500		
o NonHome Real NonExmpt Pers	500		1000		
(Effect/Date Chng)	4/78		->10/81*		->

* Verified Effective Date (All Others-Observed at Point In Time)
Effective dates fall on first of month unless otherwise noted.

Payment Calculation: State meets full amt. of need std.

Other Notes: Standards reflect summer schedule (April-November). Winter stds. are higher.

State: South Carolina

Mandatory Medicaid Eligibility Groups-

AFDC Criteria	**1978**	**1984**
AFDC - UP	NO	
(Effect/Date Chng)	4/78	->
Preg Women-No Child	YES	NO
(Effect/Date Chng)	4/78	->11/81* ->
Child Age Limit	<21	<19
(Effect/Date Chng)	4/78	->11/81* ->

Medicaid Eligibility Financial Standards

AFDC	**1978**						**1984**
Need Standard							
o 1 Child		102					
o 1 Adult		102					
o Family 2	138	144					
o Family 3		187					
o Family 4	217	229					
(Effect/Date Chng)	4/78	->7/78					->
Payment Standard							
o 1 Child		55	63	70	72	76	78
o 1 Adult		55	63	70	72	76	78
o Family 2	75	78	89	99	102	108	109
o Family 3		101	116	129	133	140	142
o Family 4	117	124	142	158	163	171	174
(Effect/Date Chng)	4/78->	7/78->9/79->10/80->		10/81->10/82->7/83*			
Maximum Payment							
o 1 Child		55	63	70	72	76	78
o 1 Adult		55	63	70	72	76	78
o Family 2	75	78	89	99	102	108	109
o Family 3		101	116	129	133	140	142
o Family 4	117	124	142	158	163	171	174
(Effect/Date Chng)	4/78->	7/78->9/79->10/80->		10/81->10/82->7/83*			
Earned Income Disregard							
o Student	ALL			ALL			
o Work Exp.	ALL			75(Fulltime)38(Partime)			
o Chld/IncapAdult	N/A			160(")80(")			
o 30 + 1/3	Gross Inc.			Net Inc. 4 mo.			
(Effect/Date Chng)	4/78			->11/81*			->
Resource Limit							
o Home Value	No Limit			No Limit			
o Auto	Exempt			1500			
o NonHome Real NonExmpt Pers	1000			1000			
(Effect/Date Chng)	4/78			->11/81*			->

* Verified Effective Date (All Others-Observed at Point In Time)
Effective dates fall on first of month unless otherwise noted.

Payment Calculation:Countable income subtracted from full need std. Percent reduction then applied to deficit. (54%-1978; 62%-1979; 69%-1980; 71%-1981; 75%-1982; 76%-1983).

Other Notes:

State: South Dakota

Mandatory Medicaid Eligibility Groups-

AFDC Criteria	**1978**			**1984**
AFDC - UP	NO			
(Effect/Date Chng)	4/78			->
Preg Women-No Child	YES		NO	
(Effect/Date Chng)	4/78		->10/81	->
Child Age Limit	<21	<18	<19	
(Effect/Date Chng)	4/78	->10/80	->10/82	->

Medicaid Eligibility Financial Standards

AFDC	**1978**			**1984**
Need Standard				
o 1 Child		54	54	
o 1 Adult		196	217	
o Family 2	252	259	280	
o Family 3		300	321	
o Family 4	333	340	361	
(Effect/Date Chng)	4/78->	7/78->	7/79*	->
Payment Standard				
o 1 Child		"	"	
o 1 Adult		"	"	
o Family 2	"	"	"	
o Family 3		"	"	
o Family 4	"	"	"	
(Effect/Date Chng)	"	"	"	->
Maximum Payment				
o 1 Child		"	"	
o 1 Adult		"	"	
o Family 2	"	"	"	
o Family 3		"	"	
o Family 4	"	"	"	
(Effect/Date Chng)	"	"	"	->
Earned Income Disregard				
o Student	ALL		ALL	
o Work Exp.	ALL		75(>40hrs/wk)less(<40hrs)	
o Chld/IncapAdult	N/A	@	160(>40hrs/wk)less(<40hrs)	
o 30 + 1/3	Gross Inc		Net Inc., 4 mo.	
(Effect/Date Chng)	4/78	->10/81*	->10/82	->
Resource Limit				
o Home Value	No Limit		No Limit	
o Auto	Exempt if 3yrs+old		1500	
o NonHome Real	1000-ea. parent			
NonExmpt Pers	300-ea. child		1000	
(Effect/Date Chng)	4/78		->12/81*	->

* Verified Effective Date (All Others-Observed at Point In Time)
Effective dates fall on first of month unless otherwise noted.

Payment Calculation: State meets full amt. of need std.

Other Notes: @ - Care purchased/supplied by agency until 10/82.

State: **Tennessee**

Mandatory Medicaid Eligibility Groups-

AFDC Criteria	**1978**				**1984**
AFDC - UP	NO				
(Effect/Date Chng)	4/78				->
Preg Women-No Child	YES		YES		
(Effect/Date Chng)	4/78		->10/81*		->
Child Age Limit	<21		<18	<19	
(Effect/Date Chng)	4/78		->10/81*	->10/82	->

Medicaid Eligibility Financial Standards

AFDC	**1978**				**1984**
Need Standard					
o 1 Child	91				
o 1 Adult					
o Family 2	142				
o Family 3	179				
o Family 4	217				
(Effect/Date Chng)	4/78				->
Payment Standard					
o 1 Child	58	62		65	
o 1 Adult					
o Family 2	91	97		101	
o Family 3	115	122		127	
o Family 4	139	148		154	
(Effect/Date Chng)	4/78	->7/78		->7/82*	->
Maximum Payment					
o 1 Child	58	62		65	
o 1 Adult					
o Family 2	91	97		101	
o Family 3	115	122		127	
o Family 4	139	148		154	
(Effect/Date Chng)	4/78	->7/78		->7/82*	->
Earned Income Disregard					
o Student	ALL		ALL		
o Work Exp.	ALL		75(Fulltime)40(Partime)		
o Chld/IncapAdult	N/A		160		
o 30 + 1/3	Gross Inc.		Net Inc. 4 mo.		
(Effect/Date Chng)	4/78		->10/81*		->
Resource Limit					
o Home Value	9000		No Limit		
o Auto	Exempt		1500		
o NonHome Real	500- 1-3				
NonExmpt Pers	1000- >3		1000		
(Effect/Date Chng)	4/78		->10/81*		->

* Verified Effective Date (All Others-Observed at Point In Time)
Effective dates fall on first of month unless otherwise noted.

Payment Calculation: Income subtracted from a reduced std. (1978-64% of need; 1978-1981-68% of need; 1982-71% need) Payment is deficit.

Other Notes:

State: **Texas**

Mandatory Medicaid Eligibility Groups-

AFDC Criteria	**1978**		**1984**
AFDC - UP	NO		
(Effect/Date Chng)	4/78		->
Preg Women-No Child	NO		
(Effect/Date Chng)	4/78		->
Child Age Limit	<21	<19	
(Effect/Date Chng)	4/78	->10/81*	->

Medicaid Eligibility Financial Standards

AFDC	**1978**		**1984**
Need Standard			
o 1 Child	32	33	
o 1 Adult	83	89	
o Family 2	115	122	425
o Family 3	155	168	494
o Family 4	187	201	593
(Effect/Date Chng)	4/78	->10/81	->9/83*
Payment Standard			
o 1 Child	24	23	
o 1 Adult	62	62	
o Family 2	86	85	128
o Family 3	116	118	148
o Family 4	140	141	178
(Effect/Date Chng)	4/78	->10/81	->9/83*
Maximum Payment			
o 1 Child	24	23	
o 1 Adult	62	62	
o Family 2	86	85	128
o Family 3	116	118	148
o Family 4	140	141	178
(Effect/Date Chng)	4/78	->10/81	->9/83*
Earned Income Disregard			
o Student	ALL	ALL	
o Work Exp.	ALL	75(Fulltime)50(Partime)	
o Chld/IncapAdult	N/A	160(")150(")	
o 30 + 1/3	Gross Inc.	Net Inc. 4 mo.	
(Effect/Date Chng)	4/78	->10/81*	->
Resource Limit			
o Home Value	10,000-Urban 200 acres	No Limit	
o Auto	Exempt>1 yr.	1500	
o NonHome Real NonExmpt Pers	1800-1 3000-2+	1000	
(Effect/Date Chng)	4/78	->10/81*	->

* Verified Effective Date (All Others-Observed at Point In Time)
Effective dates fall on first of month unless otherwise noted.

Payment Calculation: Countable Income subtracted from reduced std. (1978-80-75% of need; 1981-82-70% need; 1983-30% need).

Other Notes: Maximum for any family size - $300.

State: Utah

Mandatory Medicaid Eligibility Groups-
AFDC Criteria **1978** **1984**

AFDC - UP	YES			NO			
(Effect/Date Chng)	4/78			->7/81*			->
Preg Women-No Child	YES			YES			
(Effect/Date Chng)	4/78			->11/81*			->
Child Age Limit	<21	<18					
(Effect/Date Chng)	4/78->6/79						->

Medicaid Eligibility Financial Standards
AFDC **1978** **1984**

Need Standard							
o 1 Child	216	229	244	270	303	330	
o 1 Adult	216	229	244	270	303	330	
o Family 2	297	316	337	371	407	443	531
o Family 3	378	401	428	480	536	584	672
o Family 4	457	486	519	572	640	697	772
(Effect/Date Chng)	4/78	->7/78	->9/79	->10/80	->10/81	->10/82	->9/83*
Payment Standard							
o 1 Child	166	176	183	196	207	215	
o 1 Adult	166	176	183	196	207	215	
o Family 2	229	243	253	269	279	289	286
o Family 3	291	308	321	348	367	382	362
o Family 4	352	374	389	415	438	455	416
(Effect/Date Chng)	4/78	->7/78	->9/79	->10/80	->10/81	->10/82	->9/83*
Maximum Payment							
o 1 Child	166	176	183	196	207	215	
o 1 Adult	166	176	183	196	207	215	
o Family 2	229	243	253	269	279	289	286
o Family 3	291	308	321	348	367	382	362
o Family 4	352	374	389	415	438	455	416
(Effect/Date Chng)	4/78	->7/78	->9/79	->10/80	->10/81	->10/82	->9/83*
Earned Income Disregard							
o Student	ALL			ALL			
o Work Exp.	ALL			75(>100hrs/wk)60(<100hrs)			
o Chld/IncapAdult	N/A			160(")130(")			
o 30 + 1/3	Gross Inc.			Net Inc. 4 mo.			
(Effect/Date Chng)	4/78			->12/81*			->
Resource Limit							
o Home Value	No Limit			No Limit			
o Auto	Exempt			1500			
o NonHome Real	1500-1						
NonExmpt Pers	2250-FAM			1000			
(Effect/Date Chng)	4/78			->11/81*			->

* Verified Effective Date (All Others-Observed at Point In Time)
Effective dates fall on first of month unless otherwise noted.

Payment Calculation:Countable income subtracted from reduced std. (1978-77% of need; 1979-75% need; 1980-72.5% need; 1981-68.5% need; 1982-65.3% need; 1983-53.8% need). Payment is defecit. Legal maximums by family size established at percent reduction level, until 10/82.

State: **Vermont**

Mandatory Medicaid Eligibility Groups-
AFDC Criteria **1978** **1984**

AFDC - UP	YES	YES
(Effect/Date Chng)	4/78	->3/82* ->
Preg Women-No Child	YES	YES
(Effect/Date Chng)	4/78	->3/82* ->
Child Age Limit	<21	<18
(Effect/Date Chng)	4/78	->3/82* ->

Medicaid Eligibility Financial Standards

AFDC	**1978**						**1984**
Need Standard							
o 1 Child		332	387		470		
o 1 Adult		332	387		470		
o Family 2	412	418	482	558	593	626	644
o Family 3		507	580			751	780
o Family 4	560	577	656	753	809	842	875
(Effect/Date Chng)	4/78	->7/78->	9/79->10/80		->7/81->10/81->2/83*		
Payment Standard							
o 1 Child		274	309		324		
o 1 Adult		274	309		324		
o Family 2	311	345	385	410	409	432	418
o Family 3		419	463			518	507
o Family 4	423	477	524	553	558	581	568
(Effect/Date Chng)	4/78->	7/78->	9/79->10/80->		7/81->10/81->2/83*		
Maximum Payment							
o 1 Child		274	309		324		
o 1 Adult		274	309		324		
o Family 2	311	345	385	410	409	432	418
o Family 3		419	463			518	507
o Family 4	423	477	524	553	558	581	568
(Effect/Date Chng)	4/78->	7/78->	9/79->10/80->		7/81->10/81->2/83*		
Earned Income Disregard							
o Student	ALL			ALL			
o Work Exp.	ALL	18% Gross Inc. (115(a)Demo waiver)*					
o Chld/IncapAdult	N/A	160(Fulltime)150(<100 hrs/mo)					
o 30 + 1/3	Gross Inc.			Net Inc. 4 mo.			
(Effect/Date Chng)	4/78			->3/82*			->
Resource Limit							
o Home Value	No Limit			No Limit			
o Auto	Exempt			1500			
o NonHome Real	900-1						
NonExmpt Pers	1800-FAM			1000			
(Effect/Date Chng)	4/78			->3/82*			->

* Verified Effective Date (All Others-Observed at Point In Time)
Effective dates fall on first of month unless otherwise noted.
Payment Calculation:Countable income subtracted from reduced std. (1978-75.6% of need); 7/78-83% need; 1979-79.9% need; 1980-73.4% need; 1981-2-69% of need; 1983-65% need). Payment is deficit.
Other Notes: *As of 10/83, work expense disregard is $75 (Fulltime)70(<100 hrs/mo)

State: Virginia

Mandatory Medicaid Eligibility Groups-

AFDC Criteria	**1978**	**1984**
AFDC - UP	NO	
(Effect/Date Chng)	4/78	->
Preg Women-No Child	NO	
(Effect/Date Chng)	4/78	->
Child Age Limit	<21	<18 <19
(Effect/Date Chng)	4/78	->10/81*->10/82 ->

Medicaid Eligibility Financial Standards

AFDC	**1978**	**1984**
Need Standard		
o 1 Child	142	153
o 1 Adult	142	153
o Family 2	210	226
o Family 3	263	283
o Family 4	315	339
(Effect/Date Chng)	7/78*	->7/80* ->
Payment Standard		
o 1 Child	128	138
o 1 Adult	128	138
o Family 2	189	203
o Family 3	237	255
o Family 4	284	305
(Effect/Date Chng)	7/78	->7/80* ->
Maximum Payment		
o 1 Child	128	138
o 1 Adult	128	138
o Family 2	189	203
o Family 3	237	255
o Family 4	284	305
(Effect/Date Chng)	7/78	->7/80* ->
Earned Income Disregard		
o Student	ALL	ALL
o Work Exp.	ALL	75(Fulltime)56(Partime)
o Chld/IncapAdult	N/A	160(")120(")
o 30 + 1/3	Gross Inc.	Net Inc. 4 mo.
(Effect/Date Chng)	4/78	->7/82* ->
Resource Limit		
o Home Value	No Limit	No Limit
o Auto	Exempt	1500
o NonHome Real NonExmpt Pers	600	600
(Effect/Date Chng)	4/78	->7/82* ->

* Verified Effective Date (All Others-Observed at Point In Time)
Effective dates fall on first of month unless otherwise noted.

Payment Calculation: Countable income subtracted from a reduced std. (90% of full need). Payment is deficit.

Other Notes: State divided into 3 geographic regions. Group II is displayed (highest caseload).

State: **Washington**

Mandatory Medicaid Eligibility Groups-

AFDC Criteria	1978						1984
AFDC - UP	YES			NO		YES	
(Effect/Date Chng)	4/78			->3/81*		->10/83	->
Preg Women-No Child	YES			YES			
(Effect/Date Chng)	4/78			->10/81*			->
Child Age Limit	<18				<19		
(Effect/Date Chng)	4/78				->10/82		->

Medicaid Eligibility Financial Standards

AFDC	1978						1984
Need Standard							
o 1 Child		212	233	259	249	442	465
o 1 Adult		212	233	259	249	442	465
o Family 2	292	308	339	376	361	560	588
o Family 3		375	413	458	440	692	728
o Family 4	416	439	483	536	515	814	856
(Effect/Date Chng)	4/78->7/78*->9/79->7/80*->11/80*->7/82*->7/83*						
Payment Standard							
o 1 Child		"	"	"	"	288	295
o 1 Adult		"	"	"	"	288	295
o Family 2	"	"	"	"	"	365	374
o Family 3		"	"	"		451	462
o Family 4	"	"	"	"	"	531	544
(Effect/Date Chng)	"	"	"	"	"	->7/82*->7/83*	
Maximum Payment							
o 1 Child		"	"	"	"	288	295
o 1 Adult		"	"	"	"	288	295
o Family 2	"	"	"	"	"	365	374
o Family 3		"	"	"		451	462
o Family 4	"	"	"	"	"	531	544
(Effect/Date Chng)	"	"	"	"	"	->7/82*->7/83*	
Earned Income Disregard							
o Student	ALL			ALL			
o Work Exp.	ALL			75(>121 hrs/mo)less(<121 hrs)			
o Chld/IncapAdult	N/A			160(")less(")			
o 30 + 1/3	Gross Inc.			Net Inc. 4 mo.			
(Effect/Date Chng)	4/78			->10/81*			->
Resource Limit							
o Home Value	No Limit			No Limit			
o Auto	Exempt			1500			
o NonHome Real	750-1 1450-2						
NonExmpt Pers	50-ea. addit.			1000			
(Effect/Date Chng)	4/78			->10/81*			->

* Verified Effective Date (All Others-Observed at Point In Time)
Effective dates fall on first of month unless otherwise noted.

Payment Calculation: State met full amt. of need std. until 1982. In 1982-income subtracted from reduced std. (65.2% of need) In 1983, percent reduction changed to 63.5%.

Other Notes: Standards through 1981 reflect geographical Region 1. Regional distinctions do not exist from 1982 on.

State: **West Virginia**

Mandatory Medicaid Eligibility Groups-

AFDC Criteria	**1978**	**1984**
AFDC - UP	YES	YES
(Effect/Date Chng)	4/78	->10/81* ->
Preg Women-No Child	YES	NO
(Effect/Date Chng)	4/78	->10/80 ->
Child Age Limit	<21	<18
(Effect/Date Chng)	4/78	->10/80 ->

Medicaid Eligibility Financial Standards

AFDC	**1978**	**1984**
Need Standard		
o 1 Child	161	
o 1 Adult	161	
o Family 2	219	
o Family 3	275	
o Family 4	332	
(Effect/Date Chng)	4/78	->
Payment Standard		
o 1 Child	121	
o 1 Adult	121	
o Family 2	164	
o Family 3	206	
o Family 4	249	
(Effect/Date Chng)	4/78	->
Maximum Payment		
o 1 Child	121	
o 1 Adult	121	
o Family 2	164	
o Family 3	206	
o Family 4	249	
(Effect/Date Chng)	4/78	->
Earned Income Disregard		
o Student	ALL	ALL
o Work Exp.	ALL	75(>100 hrs/mo)less(<100 hrs)
o Chld/IncapAdult	NA @	-> 160(>100 hrs/mo) less(<120)
o 30 + 1/3	Gross Inc.	Net Inc. 4 mo.
(Effect/Date Chng)	4/78	->10/81* ->10/82 ->
Resource Limit		
o Home Value	No Limit	No Limit
o Auto	Exempt	1500
o NonHome Real NonExmpt Pers	1000	1000
(Effect/Date Chng)	4/78	->10/81* ->

* Verified Effective Date (All Others-Observed at Point In Time)
Effective dates fall on first of month unless otherwise noted.

Payment Calculation: Payment is lesser of: a) amount after subtracting countable income from reduced std. (75% of need) or b) maximum of $254 for a family with needy parent or caretaker relative.

NOTE: Different maximums apply to children in licensed foster care.

Other Notes: @-in 1981, child care purchased by agency.

State: **Wisconsin**

Mandatory Medicaid Eligibility Groups-
AFDC Criteria **1978** **1984**

AFDC - UP	YES				YES		
(Effect/Date Chng)	4/78			->1/82*			->
Preg Women-No Child	YES				YES		
(Effect/Date Chng)	4/78			->1/82*			->
Child Age Limit	<18				<19		
(Effect/Date Chng)	4/78			->1/82*			->

Medicaid Eligibility Financial Standards
AFDC **1978** **1984**

Need Standard							
o 1 Child	209	233	250	266		284	290
o 1 Adult	209	233	250	266		284	290
o Family 2	371	412	443	472		503	513
o Family 3	437	486	522	556		592	604
o Family 4	520	579	622	662		706	720
(Effect/Date Chng)	4/78->8/79*->7/80*->8/81*					->10/82*->8/83*	
Payment Standard							
o 1 Child	178	184	205	213	226	241	247
o 1 Adult	178	184	205	213	226	241	247
o Family 2	315	326	363	377	401	428	436
o Family 3	371	385	428	444	473	503	513
o Family 4	442	458	510	529	563	600	612
(Effect/Date Chng)	4/78 ->7/78->8/79*->7/80*->8/81*->10/82*->8/83*						
Maximum Payment							
o 1 Child	178	184	205	213	226	241	247
o 1 Adult	178	184	205	213	226	241	247
o Family 2	315	326	363	377	401	428	436
o Family 3	371	385	428	444	473	503	513
o Family 4	442	458	510	529	563	600	612
(Effect/Date Chng)	4/78 ->7/78->8/79*->7/80*->8/81*->10/82*->8/83*						
Earned Income Disregard							
o Student	ALL			ALL			
o Work Exp.	ALL			75(>30hrs/wk)less(<30 hrs)			
o Chld/IncapAdult	N/A			160(")less(")			
o 30 + 1/3	Gross Inc.			Net Inc. 4 mo.			
(Effect/Date Chng)	4/78			->1/82*			->
Resource Limit							
o Home Value	No Limit			No Limit			
o Auto	Exempt			1500			
o NonHome Real NonExmpt Pers	1500			1000			
(Effect/Date Chng)	4/78			->1/82*			->

* Verified Effective Date (All Others-Observed at Point In Time)
Effective dates fall on first of month unless otherwise noted.

Payment Calculation: Countable income subtracted from reduced std. (1978-85%; 1978-79-88% need; 1980 on - 85% need).

Other Notes: Standards reflect geographical area I. (largest population).

State: **Wyoming**

Mandatory Medicaid Eligibility Groups-
AFDC Criteria **1978** **1984**

AFDC - UP	NO
(Effect/Date Chng)	4/78 ->
Preg Women-No Child	YES YES
(Effect/Date Chng)	4/78 ->11/81* ->
Child Age Limit	<21 <19
(Effect/Date Chng)	4/78 ->1/82* ->

Medicaid Eligibility Financial Standards

AFDC	**1978**					**1984**
Need Standard						
o 1 Child		140	145	170	195	180
o 1 Adult		140	145	170	195	180
o Family 2	210	245	280	280	320	290
o Family 3		280	315	315	360	325
o Family 4	270	305	340	340	390	355
(Effect/Date Chng)	4/78->7/78->		5/79*->12/79*->11/81*			->10/83*
Payment Standard						
o 1 Child		"	"	"	"	"
o 1 Adult		"	"	"	"	"
o Family 2	"	"	"	"	"	"
o Family 3		"	"	"	"	"
o Family 4	"	"	"	"	"	"
(Effect/Date Chng)	"	"	"	"	"	"
Maximum Payment						
o 1 Child		"	"	"	"	"
o 1 Adult		"	"	"	"	"
o Family 2	"	"	"	"	"	"
o Family 3		"	"	"	"	"
o Family 4	"	"	"	"	"	"
(Effect/Date Chng)	"	"	"	"	"	"
Earned Income Disregard						
o Student	ALL			ALL		
o Work Exp.	ALL		75(Fulltime)65(Partime)			
o Chld/IncapAdult	N/A		Care purchased by Agency			
o 30 + 1/3	Gross Inc.			Net Inc. 4 mo.		
(Effect/Date Chng)	4/78			->11/81*		->
Resource Limit						
o Home Value	No Limit			No Limit		
o Auto	Exempt			1500		
o NonHome Real NonExmpt Pers	750			1000		
(Effect/Date Chng)	4/78			->12/81*		->

* Verified Effective Date (All Others-Observed at Point In Time)
Effective dates fall on first of month unless otherwise noted.

Payment Calculation: State meets full amt. of need std. Payment is deficit after subtracting countable income from full need std.

Other Notes:

APPENDIX B

SSI Payment Levels, Income Disregards, Resource Levels, Presence of 209(b), Presence of Medically Needy Program, Medically Needy Income Levels, Allowable Resources, Spend Down Time Periods, by State, 1978-1984

The State tables contained in this appendix present data for the years 1978 through 1984 which was retrieved from a variety of existing sources (listed below). Included in each State summary are data regarding the State's SSI Payment Levels, Income Disregards, and Resource Levels. Whether or not the State has chosen the 209(b) option regarding Medicaid eligibility for SSI recipients is also noted.

The second half of each State summary notes whether or not the State has a medically needy program. For those States that do operate such a program, Medically Needy Income Levels, Allowable Resources, and Spend Down Time Periods are reported. Historical data on Medically Needy Income Levels and Allowable Resources was very difficult to obtain. For this reason, complete information for each medically needy State is not always presented. At minimum, the most current MNILs and resource levels are reported.

Data are organized into a time-line format. For each data element, status as of 1978 is shown, as well as any subsequent changes which have occurred up to the present day. Under each piece of data, a date appears. In most cases, the dates represent "point in time" observations. Dates which are followed by an asterisk however, indicate verified effective dates.

SOURCE: Data in this Appendix was gathered from:

- SSA's SSI for Aged, Blind, and Disabled: Summary of State Payment Levels, State Supplementation, and Medicaid Decisions, 1978-1984;
- Clinkscale et al's Analysis of State Medicaid Program Characteristics;
- The Commerce Clearing House Medicare and Medicaid Guide;
- NGA's Catalogue of State Medicaid Program Changes; and
- Preprints of most recent Medicaid State Plans.

State: **Alabama**

Medicaid Eligibility:
Financial Standards

SSI	**1978**						**1984**
Total Monthly Fed/State Payment to Persons With No Income/Special Needs							
Individual Living Independently							
o Aged	189.40	208.20	238	264.70	284.30	304.30	314
o Blind	"	"	"	"	"	"	"
o Disabled	"	"	"	"	"	"	"
Couples Living Independently							
o Aged	302	312.30	357	397	426.40	456.40	472
o Blind	284.10	"	"	"	"	"	"
o Disabled	302	"	"	"	"	"	"
(Effect/Date Chng)	7/78	7/79	7/80	7/81	7/82	7/83	1/84
More Restrictive 209(b)	NO						
(Effect/Date Chng)							->
Resource Limit (if diff from SSI)							
(Effect/Date Chng)							
Disregards (if diff from SSI)							
(Effect/Date Chng)							

Medically Needy Financial Criteria

1978	**1984**
Presence of MN Prgm	
(Effect/Date Chng) NO	->
Spend Down Time Prd	
(Effect/Date Chng)	
Allowable Resources	
o 1 Person	
o 2 Persons	
o 3 Persons	
o 4 Persons	
(Effect/Date Chng)	
Medically Needy Income Levels	
o 1 Person	
o 2 Persons	
o 3 Persons	
o 4 Persons	
(Effect/Date Chng)	

Notes:

State: **Alaska**

Medicaid Eligibility:
Financial Standards

SSI	**1978**						**1984**
Total Monthly Fed/State Payment to Persons With No Income/Special Needs							
Individual Living Independently*							
o Aged	377	414	473	525.70	546	566	566
o Blind	"	"	"	"	"	"	"
o Disabled	"	"	"	"	"	"	"
Couples Living Independently*							
o Aged	553	608	695	773	802	832	830
o Blind	"	"	"	"	"	"	"
o Disabled	"	"	"	"	"	"	"
(Effect/Date Chng)	7/78	7/79	7/80	7/81	7/82	7/83	1/84
More Restrictive 209(b)	NO						
(Effect/Date Chng)							->
Resource Limit (if diff from SSI)							
(Effect/Date Chng)							
Disregards (if diff from SSI)							
(Effect/Date Chng)							

Medically Needy Financial Criteria	**1978**	**1984**
Presence of MN Prgm		
(Effect/Date Chng)	NO	->
Spend Down Time Prd		
(Effect/Date Chng)		
Allowable Resources		
o 1 Person		
o 2 Persons		
o 3 Persons		
o 4 Persons		
(Effect/Date Chng)		
Medically Needy Income Levels		
o 1 Person		
o 2 Persons		
o 3 Persons		
o 4 Persons		
(Effect/Date Chng)		

Notes: * - Shelter cost >$35.00 through 1981.

State: **Arkansas**

Medicaid Eligibility:
Financial Standards

SSI	**1978**						**1984**
Total Monthly Fed/State Payment to Persons With No Income/Special Needs							
Individual Living Independently							
o Aged	189.40	208.20	238	264.70	284.30	304.30	314
o Blind	"	"	"	"	"	"	"
o Disabled	"	"	"	"	"	"	"
Couples Living Independently							
o Aged	284.10	312.30	357	397	426.40	456.40	472
o Blind	"	"	"	"	"	"	"
o Disabled	"	"	"	"	"	"	"
(Effect/Date Chng)	7/78	7/79	7/80	7/81	7/82	7/83	1/84
More Restrictive 209(b)	NO						
(Effect/Date Chng)							->
Resource Limit (if diff from SSI)							
(Effect/Date Chng)							
Disregards (if diff from SSI)							
(Effect/Date Chng)							

Medically Needy Financial Criteria

	1978						**1984**
Presence of MN Prgm							
(Effect/Date Chng)	YES						->
Spend Down Time Prd							
(Effect/Date Chng)	3 Months						
Allowable Resources							
o 1 Person				1500			
o 2 Persons				2250			
o 3 Persons				2350			
o 4 Persons				2450			
(Effect/Date Chng)				11/81			
Medically Needy Income Levels							
o 1 Person	142	142			150		175
o 2 Persons	183	183			158		183
o 3 Persons	217	217			192		225
o 4 Persons	258	258			225		258
(Effect/Date Chng)	9/77	1979			3/82		1/84

Notes:

State: **California**

Medicaid Eligibility:
Financial Standards

SSI	**1978**							**1984**
Total Monthly Fed/State Payment to Persons With No Income/Special Needs								
Individual Living Independently								
o Aged	322	329	356	420	439	451	471	477
o Blind	363	370	399	471	492	506	526	535
o Disabled	322	329	356	420	439	451	471	477
Couples Living Independently								
o Aged	602	614	660	773	815	838	868	886
o Blind	714	728	776	905	958	985	1015	1041
o Disabled	602	614	660	773	815	985	868	886
(Effect/Date Chng)	7/78	7/79	10/79	7/80	7/81	7/82	7/83	1/84
More Restrictive 209(b)		NO						
(Effect/Date Chng)								->
Resource Limit (if diff from SSI)								
(Effect/Date Chng)								
Disregards (if diff from SSI)								
(Effect/Date Chng)								

Medically Needy Financial Criteria

	1978						**1984**
Presence of MN Prgm							
(Effect/Date Chng)	YES						->
Spend Down Time Prd							
(Effect/Date Chng)	1 Month						
Allowable Resources							
o 1 Person					1500		
o 2 Persons					2250		
o 3 Persons					2300		
o 4 Persons					2400		
(Effect/Date Chng)					10/82		
Medically Needy Income Levels							
o 1 Person	200	221	291	309	331	489	
o 2 Persons	283	317	442	475	544	567	
o 3 Persons	350	392	550		675	709	
o 4 Persons	425	467	650	692	801	834	
(Effect/Date Chng)	7/77	1/79	1979	10/81	10/82	1/84	

Notes: * - With Cooking Facilities

State: Colorado

Medicaid Eligibility:
Financial Standards

SSI	1978						1984
Total Monthly Fed/State Payment to Persons With No Income/Special Needs							
Individual Living Independently							
o Aged	229	245	293	325.70	341	361	372
o Blind	206	221	251	278	298	318	318
o Disabled	"	"	"	"	"	"	"
Couples Living Independently							
o Aged	458	490	586	652	682	712	744
o Blind	412	442	502	556	596	626	636
o Disabled	"	"	"	"	"	"	"
(Effect/Date Chng)	7/78	7/79	7/80	7/81	7/82	7/83	1/84
More Restrictive 209(b)	NO						
(Effect/Date Chng)							->
Resource Limit (if diff from SSI)							
(Effect/Date Chng)							
Disregards (if diff from SSI)							
(Effect/Date Chng)							

Medically Needy Financial Criteria

	1978	1984
Presence of MN Prgm		
(Effect/Date Chng)	NO	->
Spend Down Time Prd		
(Effect/Date Chng)		
Allowable Resources		
o 1 Person		
o 2 Persons		
o 3 Persons		
o 4 Persons		
(Effect/Date Chng)		
Medically Needy Income Levels		
o 1 Person		
o 2 Persons		
o 3 Persons		
o 4 Persons		
(Effect/Date Chng)		

Notes:

State: Connecticut

Medicaid Eligibility:
Financial Standards

SSI	1978						1984
Total Monthly Fed/State Payment to Persons With No Income/Special Needs							
Individual Living Independently							
o Aged	295.92	297	239.90	379.10	428.90	448.90	466.10
o Blind	"	"	"	"	"	"	"
o Disabled	"	"	"	"	"	"	"
Couples Living Independently							
o Aged	497.14	372	346.80	491.30	567.30	597.30	585.30
o Blind	"	"	"	"	"	"	"
o Disabled	"	"	"	"	"	"	"
(Effect/Date Chng)	7/78	7/79	7/80	7/81	7/82	7/83	1/84
More Restrictive 209(b)	YES-Coverage not provided to blind and disabled individuals under age 18.						
(Effect/Date Chng)							
Resource Limit (if diff from SSI)							
(Effect/Date Chng)							
Disregards (if diff from SSI)	Unearned Income: $176.20 if residing in community. Earned Income: Aged/Disabled-1st $20, half of next $60 up to a maximum of $50 per month. Blind-1st $85, and half of excess over $85.						
(Effect/Date Chng)							

Medically Needy Financial Criteria

	1978						1984
Presence of MN Prgm							
(Effect/Date Chng)	YES						->
Spend Down Time Prd				6 Months			
(Effect/Date Chng)							
Allowable Resources			ABD	AFDC			
o 1 Person			850	1500			
o 2 Persons			1700	2250			
o 3 Persons				2250			
o 4 Persons				2450			
(Effect/Date Chng)				10/81			
Medically Needy Income Levels							
o 1 Person	192	258	258			325	
o 2 Persons	242	350	350			442	
o 3 Persons	282	367	367			458	
o 4 Persons	332	425	425			533	
(Effect/Date Chng)	7/74	7/78	1979			7/83	

Notes: MNILs reported are for Region B.

State: **Delaware**

Medicaid Eligibility:
Financial Standards

SSI	**1978**						**1984**
Total Monthly Fed/State Payment to Persons With No Income/Special Needs							
Individual Living Independently							
o Aged	189.40	208.20	238	264.70	284.30	304.30	314
o Blind	"	"	"	"	"	"	"
o Disabled	"	"	"	"	"	"	"
Couples Living Independently							
o Aged	284.10	312.30	357	397	426.40	456.40	472
o Blind	"	"	"	"	"	"	"
o Disabled	"	"	"	"	"	"	"
(Effect/Date Chng)	7/78	7/79	7/80	7/81	7/82	7/83	1/84
More Restrictive 209(b)	NO						
(Effect/Date Chng)							->
Resource Limit (if diff from SSI)							
(Effect/Date Chng)							
Disregards (if diff from SSI)							
(Effect/Date Chng)							

Medically Needy Financial Criteria

1978	**1984**
Presence of MN Prgm	
(Effect/Date Chng) NO	->
Spend Down Time Prd	
(Effect/Date Chng)	
Allowable Resources	
o 1 Person	
o 2 Persons	
o 3 Persons	
o 4 Persons	
(Effect/Date Chng)	
Medically Needy Income Levels	
o 1 Person	
o 2 Persons	
o 3 Persons	
o 4 Persons	
(Effect/Date Chng)	

Notes:

State: **District of Columbia**

Medicaid Eligibility:
Financial Standards

SSI	**1978**							**1984**
Total Monthly Fed/State Payment to Persons With No Income/Special Needs								
Individual Living Independently								
o Aged	189.40	208.20	223.20	253	279.70	299.30	319.30	329
o Blind	"	"	"	"	"	"	"	"
o Disabled	"	"	"	"	"	"	"	"
Couples Living Independently								
o Aged	284.10	312.30	342.30	387	427	456.40	486.40	502
o Blind	"	"	"	"	"	"	"	"
o Disabled	"	"	"	"	"	"	"	"
(Effect/Date Chng)	7/78	7/79	10/79	7/80	7/81	7/82	7/83	1/84
More Restrictive 209(b)		NO						
(Effect/Date Chng)								->
Resource Limit (if diff from SSI)								
(Effect/Date Chng)								
Disregards (if diff from SSI)								
(Effect/Date Chng)								

Medically Needy Financial Criteria

1978							**1984**
Presence of MN Prgm							
(Effect/Date Chng)	YES						->
Spend Down Time Prd	6 MONTHS						
(Effect/Date Chng)							
Allowable Resources							
o 1 Person				2500			
o 2 Persons				2600			
o 3 Persons				2700			
o 4 Persons				2800			
(Effect/Date Chng)				10/82			
Medically Needy Income Levels							
o 1 Person	178	192	258	285	300		
o 2 Persons	267	292	395	436	314		
o 3 Persons	275	308	400		398		
o 4 Persons	314	325	405	492	487		
(Effect/Date Chng)	7/77	10/78	1979	10/82	3/83		

Notes:

State: **Florida**

Medicaid Eligibility:
Financial Standards

SSI	**1978**						**1984**
Total Monthly Fed/State Payment to Persons With No Income/Special Needs							
Individual Living Independently							
o Aged	189.40	208.20	238	264.70	284.30	304.30	314
o Blind	"	"	"	"	"	"	"
o Disabled	"	"	"	"	"	"	"
Couples Living Independently							
o Aged	284.10	312.30	357	397	426.40	456.40	472
o Blind	"	"	"	"	"	"	"
o Disabled	"	"	"	"	"	"	"
(Effect/Date Chng)	7/78	7/79	7/80	7/81	7/82	7/83	1/84
More Restrictive 209(b)	NO						
(Effect/Date Chng)							->
Resource Limit (if diff from SSI)							
(Effect/Date Chng)							
Disregards (if diff from SSI)							
(Effect/Date Chng)							

Medically Needy Financial Criteria

1978	**1984**
Presence of MN Prgm	
(Effect/Date Chng) NO	->
Spend Down Time Prd	
(Effect/Date Chng)	
Allowable Resources	
o 1 Person	
o 2 Persons	
o 3 Persons	
o 4 Persons	
(Effect/Date Chng)	
Medically Needy Income Levels	
o 1 Person	
o 2 Persons	
o 3 Persons	
o 4 Persons	
(Effect/Date Chng)	

Notes:

State: Georgia

Medicaid Eligibility:
Financial Standards

SSI	**1978**						**1984**
Total Monthly Fed/State Payment to Persons With No Income/Special Needs							
Individual Living Independently							
o Aged	189.40	208.20	238	264.70	284.30	304.30	314
o Blind	"	"	"	"	"	"	"
o Disabled	"	"	"	"	"	"	"
Couples Living Independently							
o Aged	284.10	312.30	357	397	426.40	456.40	472
o Blind	"	"	"	"	"	"	"
o Disabled	"	"	"	"	"	"	"
(Effect/Date Chng)	7/78	7/79	7/80	7/81	7/82	7/83	1/84
More Restrictive 209(b)	NO						
(Effect/Date Chng)							->
Resource Limit (if diff from SSI)							
(Effect/Date Chng)							
Disregards (if diff from SSI)							
(Effect/Date Chng)							

Medically Needy Financial Criteria

1978	**1984**
Presence of MN Prgm	
(Effect/Date Chng) NO	->
Spend Down Time Prd	
(Effect/Date Chng)	
Allowable Resources	
o 1 Person	
o 2 Persons	
o 3 Persons	
o 4 Persons	
(Effect/Date Chng)	
Medically Needy Income Levels	
o 1 Person	
o 2 Persons	
o 3 Persons	
o 4 Persons	
(Effect/Date Chng)	

Notes:

State: **Hawaii**

Medicaid Eligibility:
Financial Standards

SSI	**1978**						**1984**
Total Monthly Fed/State Payment to Persons With No Income/Special Needs							
Individual Living Independently							
o Aged	204.60	223.40	253.20	279.90	299.50	319.50	318.90
o Blind	"	"	"	"	"	"	"
o Disabled	"	"	"	"	"	"	"
Couples Living Independently							
o Aged	308.30	336.50	381.20	421.20	450.60	480.60	480.80
o Blind	"	"	"	"	"	"	"
o Disabled	"	"	"	"	"	"	"
(Effect/Date Chng)	7/78	7/79	7/80	7/81	7/82	7/83	1/84
More Restrictive 209(b)	YES						
(Effect/Date Chng)							
Resource Limit (if diff from SSI)							
(Effect/Date Chng)							
Disregards (if diff from SSI)	Aged/Disabled: $20 AID not applied to unearned income. Earned Income Disregard limited to $20 plus half of next $60.						
	Blind: $20 AID not applied to unearned income. Work Expense Disregard limited to: Federal, State Income taxes, FICA tax.						
(Effect/Date Chng)							

Medically Needy Financial Criteria

1978						**1984**
Presence of MN Prgm						
(Effect/Date Chng)	YES					->
Spend Down Time Prd						
(Effect/Date Chng)	1 Month					
Allowable Resources						
o 1 Person						1500
o 2 Persons						2250
o 3 Persons						2500
o 4 Persons						2750
(Effect/Date Chng)						3/83
Medically Needy Income Levels						
o 1 Person	208	308		300		
o 2 Persons	284	400		400		
o 3 Persons	316	475		475		
o 4 Persons	368	550		550		
(Effect/Date Chng)	1/77	7/77		7/82		

State: Idaho

Medicaid Eligibility:
Financial Standards

SSI	**1978**						**1984**	
Total Monthly Fed/State Payment to Persons With No Income/Special Needs								
Individual Living Independently								
o Aged	243	262	292	319	339	327	347	382
o Blind	"	"	"	"	"	"	"	"
o Disabled	"	"	"	"	"	"	"	"
Couples Living Independently								
o Aged	344	373	417	444	464	440	470	510
o Blind	"	"	"	"	"	"	"	"
o Disabled	"	"	"	"	"	"	"	"
(Effect/Date Chng)	7/78	7/79	7/80	7/81	7/82	9/82	7/83	1/84
More Restrictive 209(b)		NO						
(Effect/Date Chng)								->
Resource Limit (if diff from SSI)								
(Effect/Date Chng)								
Disregards (if diff from SSI)								
(Effect/Date Chng)								

Medically Needy Financial Criteria

	1978	**1984**
Presence of MN Prgm		
(Effect/Date Chng)	NO	->
Spend Down Time Prd		
(Effect/Date Chng)		
Allowable Resources		
o 1 Person		
o 2 Persons		
o 3 Persons		
o 4 Persons		
(Effect/Date Chng)		
Medically Needy Income Levels		
o 1 Person		
o 2 Persons		
o 3 Persons		
o 4 Persons		
(Effect/Date Chng)		

Notes:

State: Illinois

Medicaid Eligibility:
Financial Standards

SSI	1978	1984
Total Monthly Fed/State Payment to Persons With No Income/Special Needs		
Individual Living Independently		
o Aged	State Budgets Each Case Individually Regardless of Living Arrangements	
o Blind		
o Disabled		
Couples Living Independently		
o Aged		
o Blind		
o Disabled		
(Effect/Date Chng)		
More Restrictive 209(b)	YES	
(Effect/Date Chng)		
Resource Limit (if diff from SSI)		
(Effect/Date Chng)		
Disregards* (if diff from SSI)	Aged/Disabled: First $25 any income. Next $20 of earnings plus half of next $60 earned income. Blind: First $25 any income. Next $85 of earnings plus half of remaining balance of earnings.	
(Effect/Date Chng)		

Medically Needy Financial Criteria

	1978		1984	
Presence of MN Prgm (Effect/Date Chng)	YES			->
Spend Down Time Prd (Effect/Date Chng)	6 Months			
Allowable Resources				
o 1 Person			1500	
o 2 Persons			2250	
o 3 Persons			2300	
o 4 Persons			2350	
(Effect/Date Chng)			10/81	
Medically Needy Income Levels			AFDC	ABD
o 1 Person	171	180	198	238
o 2 Persons	216	227	250	333
o 3 Persons	261	274	302	350
o 4 Persons	317	333	368	368
(Effect/Date Chng)	2/77	1979	4/83	

Notes: *All payments under Illinois Senior Citizens and Disabled Persons Property Tax Relief Act are disregarded.

State: Indiana

Medicaid Eligibility:
Financial Standards

SSI	1978						1984
Total Monthly Fed/State Payment to Persons With No Income/Special Needs							
Individual Living Independently							
o Aged	189.40	208.20	238	264.70	284.30	304.30	314
o Blind	"	"	"	"	"	"	"
o Disabled	"	"	"	"	"	"	"
Couples Living Independently							
o Aged	284.10	312.30	357	397	426.40	456.40	472
o Blind	"	"	"	"	"	"	"
o Disabled	"	"	"	"	"	"	"
(Effect/Date Chng)	7/78	7/79	7/80	7/81	7/82	7/83	1/84

More Restrictive 209(b): YES-Disability: Impairment must appear reasonably certain to continue throughout lifetime, w/o significant improvement. Must impair ability to perform labor/services.

(Effect/Date Chng)

Resource Limit (if diff from SSI): Limits placed on resources of parents of unmarried blind or disabled applicants or recipients.

(Effect/Date Chng)

Disregards (if diff from SSI): All groups: First $7.50 any income. Blind: First $7.50 any income. First $85 earnings plus 1/2 remaining earnings if blind before 12/73. First $65 plus 1/2 remaining if after 1/74.

(Effect/Date Chng)

Medically Needy Financial Criteria

1978	1984
Presence of MN Prgm	
(Effect/Date Chng) NO	->
Spend Down Time Prd	
(Effect/Date Chng)	
Allowable Resources	
o 1 Person	
o 2 Persons	
o 3 Persons	
o 4 Persons	
(Effect/Date Chng)	
Medically Needy Income Levels	
o 1 Person	
o 2 Persons	
o 3 Persons	
o 4 Persons	
(Effect/Date Chng)	

State: Iowa

Medicaid Eligibility:
Financial Standards

SSI	1978						1984
Total Monthly Fed/State Payment to Persons With No Income/Special Needs							
Individual Living Independently							
o Aged	189.40	208.20	238	264.70	284.30	304.30	314
o Blind	211.40	230.20	260	286.70	306.30	326.30	336
o Disabled	189.40	208.20	238	264.70	284.30	304.30	314
Couples Living Independently							
o Aged	284.10	312.30	357	397	426.40	456.40	472
o Blind	328.10	356.30	401	441	470.40	500.40	516
o Disabled	284.10	312.30	357	397	426.40	456.40	472
(Effect/Date Chng)	7/78	7/79	7/80	7/81	7/82	7/83	1/84
More Restrictive 209(b)	NO						
(Effect/Date Chng)							->
Resource Limit (if diff from SSI)							
(Effect/Date Chng)							
Disregards (if diff from SSI)							
(Effect/Date Chng)							

Medically Needy Financial Criteria

	1978	1984
Presence of MN Prgm		
(Effect/Date Chng)	NO	->
Spend Down Time Prd		
(Effect/Date Chng)		
Allowable Resources		
o 1 Person		
o 2 Persons		
o 3 Persons		
o 4 Persons		
(Effect/Date Chng)		
Medically Needy Income Levels		
o 1 Person		
o 2 Persons		
o 3 Persons		
o 4 Persons		
(Effect/Date Chng)		

Notes:

State: Kansas

Medicaid Eligibility:
Financial Standards

SSI	1978						1984
Total Monthly Fed/State Payment to Persons With No Income/Special Needs							
Individual Living Independently							
o Aged	189.40	208.20	238	264.70	284.30	304.30	314
o Blind	"	"	"	"	"	"	"
o Disabled	"	"	"	"	"	"	"
Couples Living Independently							
o Aged	284.10	312.20	357	397	426.40	456.40	472
o Blind	"	"	"	"	"	"	"
o Disabled	"	"	"	"	"	"	"
(Effect/Date Chng)	7/78	7/79	7/80	7/81	7/82	7/83	1/84
More Restrictive 209(b)	NO						
(Effect/Date Chng)							->
Resource Limit (if diff from SSI)							
(Effect/Date Chng)							
Disregards (if diff from SSI)							
(Effect/Date Chng)							

Medically Needy Financial Criteria

	1978						1984
Presence of MN Prgm							
(Effect/Date Chng)	YES						->
Spend Down Time Prd							
(Effect/Date Chng)	6 Months						
Allowable Resources							
o 1 Person					1800	1500	
o 2 Persons					2400	2250	
o 3 Persons					2800	2250	
o 4 Persons					3200	2250	
(Effect/Date Chng)					7/82	5/83	
Medically Needy Income Levels							
o 1 Person	280				310	305	
o 2 Persons	330				390	410	
o 3 Persons	370					420	
o 4 Persons	410				410	430	
(Effect/Date Chng)	7/77				10/82	7/83	

Notes:

State: Kentucky

Medicaid Eligibility:
Financial Standards

SSI	1978						1984
Total Monthly Fed/State Payment to Persons With No Income/Special Needs							
Individual Living Independently							
o Aged	189.40	208.20	238	264.70	284.30	304.30	314
o Blind	"	"	"	"	"	"	"
o Disabled	"	"	"	"	"	"	"
Couples Living Independently							
o Aged	284.10	312.30	357	397	426.40	456.40	472
o Blind	"	"	"	"	"	"	"
o Disabled	"	"	"	"	"	"	"
(Effect/Date Chng)	7/78	7/79	7/80	7/81	7/82	7/83	1/84
More Restrictive 209(b)	NO						
(Effect/Date Chng)							->
Resource Limit (if diff from SSI)							
(Effect/Date Chng)							
Disregards (if diff from SSI)							
(Effect/Date Chng)							

Medically Needy Financial Criteria

	1978		1984
Presence of MN Prgm			
(Effect/Date Chng)	YES		->
Spend Down Time Prd			
(Effect/Date Chng)	3 Months		
Allowable Resources			
o 1 Person		1500	
o 2 Persons		3000	
o 3 Persons		3050	
o 4 Persons		3100	
(Effect/Date Chng)		10/81	
Medically Needy Income Levels			
o 1 Person	150	183	183
o 2 Persons	183	217	217
o 3 Persons	250	258	258
o 4 Persons	317	317	317
(Effect/Date Chng)	10/74	1979	10/81

Notes:

State: Louisiana

Medicaid Eligibility:
Financial Standards

SSI	1978						1984
Total Monthly Fed/State Payment to Persons With No Income/Special Needs							
Individual Living Independently							
o Aged	189.40	208.20	238	264.70	284.30	304.30	314
o Blind	"	"	"	"	"	"	"
o Disabled	"	"	"	"	"	"	"
Couples Living Independently							
o Aged	284.10	312.30	357	397	426.40	456.40	472
o Blind	"	"	"	"	"	"	"
o Disabled	"	"	"	"	"	"	"
(Effect/Date Chng)	7/78	7/79	7/80	7/81	7/82	7/83	1/84
More Restrictive 209(b)	NO						
(Effect/Date Chng)							->
Resource Limit (if diff from SSI)							
(Effect/Date Chng)							
Disregards (if diff from SSI)							
(Effect/Date Chng)							

Medically Needy Financial Criteria

	1978				1984
Presence of MN Prgm					
(Effect/Date Chng)	YES				->
Spend Down Time Prd					
(Effect/Date Chng)	3 Months				
Allowable Resources					
o 1 Person				1500	
o 2 Persons				2250	
o 3 Persons				2275	
o 4 Persons				2300	
(Effect/Date Chng)				10/81	
Medically Needy Income Levels					
o 1 Person	117	125	150	167	
o 2 Persons	133	142	167	192	
o 3 Persons	183	192	233	258	
o 4 Persons	225	233	292	317	
(Effect/Date Chng)	7/77	5/78	1979	10/81	

Notes: MNILs reflect Urban rates.

State: **Maine**

Medicaid Eligibility:
Financial Standards

SSI	**1978**						**1984**
Total Monthly Fed/State Payment to Persons With No Income/Special Needs							
Individual Living Independently							
o Aged	199.40	218.20	248	274.70	294.30	314.30	324
o Blind	"	"	"	"	"	"	"
o Disabled	"	"	"	"	"	"	"
Couples Living Independently							
o Aged	299.10	327.30	372	412	441.40	471.40	487
o Blind	"	"	"	"	"	"	"
o Disabled	"	"	"	"	"	"	"
(Effect/Date Chng)	7/78	7/79	7/80	7/81	7/82	7/83	1/84
More Restrictive 209(b)	NO						
(Effect/Date Chng)							->
Resource Limit (if diff from SSI)							
(Effect/Date Chng)							
Disregards (if diff from SSI)							
(Effect/Date Chng)							

Medically Needy Financial Criteria	**1978**					**1984**
Presence of MN Prgm						
(Effect/Date Chng)	YES					->
Spend Down Time Prd						
(Effect/Date Chng)	6 Months					
Allowable Resources						
o 1 Person						1500
o 2 Persons						2250
o 3 Persons						2350
o 4 Persons						2450
(Effect/Date Chng)						7/83
Medically Needy Income Levels						
o 1 Person	210	210	240	240	270	300
o 2 Persons	250	267	283	300	325	342
o 3 Persons	333	358	375		433	458
o 4 Persons	425	450	425	508	550	575
(Effect/Date Chng)	9/77	12/78	1979	10/81	7/82	7/83

Notes:

State: Maryland

Medicaid Eligibility:
Financial Standards

SSI	1978						1984
Total Monthly Fed/State Payment to Persons With No Income/Special Needs							
Individual Living Independently							
o Aged	189.40	208.20	238	264.70	284.30	304.30	314
o Blind	"	"	"	"	"	"	"
o Disabled	"	"	"	"	"	"	"
Couples Living Independently							
o Aged	284.10	312.30	357	397	426.40	456.40	472
o Blind	"	"	"	"	"	"	"
o Disabled	"	"	"	"	"	"	"
(Effect/Date Chng)	7/78	7/79	7/80	7/81	7/82	7/83	1/84
More Restrictive 209(b)	NO						
(Effect/Date Chng)							->
Resource Limit (if diff from SSI)							
(Effect/Date Chng)							
Disregards (if diff from SSI)							
(Effect/Date Chng)							

Medically Needy Financial Criteria

	1978					1984
Presence of MN Prgm						
(Effect/Date Chng)	YES					->
Spend Down Time Prd						
(Effect/Date Chng)	6 Months					
Allowable Resources						
o 1 Person				2500		
o 2 Persons				2600		
o 3 Persons				2700		
o 4 Persons				2800		
(Effect/Date Chng)				10/81		
Medically Needy Income Levels						
o 1 Person	150	192	217	242	267	
o 2 Persons	225	233	259	284	309	
o 3 Persons	242	275	300		350	
o 4 Persons	267	317	342	367	392	
(Effect/Date Chng)	1/78	7/78	1979	10/81	7/82	

Notes:

State: **Maine**

Medicaid Eligibility:
Financial Standards

SSI	**1978**						**1984**
Total Monthly Fed/State Payment to Persons With No Income/Special Needs							
Individual Living Independently							
o Aged	199.40	218.20	248	274.70	294.30	314.30	324
o Blind	"	"	"	"	"	"	"
o Disabled	"	"	"	"	"	"	"
Couples Living Independently							
o Aged	299.10	327.30	372	412	441.40	471.40	487
o Blind	"	"	"	"	"	"	"
o Disabled	"	"	"	"	"	"	"
(Effect/Date Chng)	7/78	7/79	7/80	7/81	7/82	7/83	1/84
More Restrictive 209(b)	NO						
(Effect/Date Chng)							->
Resource Limit (if diff from SSI)							
(Effect/Date Chng)							
Disregards (if diff from SSI)							
(Effect/Date Chng)							

Medically Needy Financial Criteria	**1978**					**1984**
Presence of MN Prgm						
(Effect/Date Chng)	YES					->
Spend Down Time Prd						
(Effect/Date Chng)	6 Months					
Allowable Resources						
o 1 Person						1500
o 2 Persons						2250
o 3 Persons						2350
o 4 Persons						2450
(Effect/Date Chng)						7/83
Medically Needy Income Levels						
o 1 Person	210	210	240	240	270	300
o 2 Persons	250	267	283	300	325	342
o 3 Persons	333	358	375		433	458
o 4 Persons	425	450	425	508	550	575
(Effect/Date Chng)	9/77	12/78	1979	10/81	7/82	7/83

Notes:

State: Maryland

Medicaid Eligibility:
Financial Standards

SSI	1978						1984
Total Monthly Fed/State Payment to Persons With No Income/Special Needs							
Individual Living Independently							
o Aged	189.40	208.20	238	264.70	284.30	304.30	314
o Blind	"	"	"	"	"	"	"
o Disabled	"	"	"	"	"	"	"
Couples Living Independently							
o Aged	284.10	312.30	357	397	426.40	456.40	472
o Blind	"	"	"	"	"	"	"
o Disabled	"	"	"	"	"	"	"
(Effect/Date Chng)	7/78	7/79	7/80	7/81	7/82	7/83	1/84
More Restrictive 209(b)	NO						
(Effect/Date Chng)							->
Resource Limit (if diff from SSI)							
(Effect/Date Chng)							
Disregards (if diff from SSI)							
(Effect/Date Chng)							

Medically Needy Financial Criteria

	1978					1984
Presence of MN Prgm						
(Effect/Date Chng)	YES					->
Spend Down Time Prd						
(Effect/Date Chng)	6 Months					
Allowable Resources						
o 1 Person				2500		
o 2 Persons				2600		
o 3 Persons				2700		
o 4 Persons				2800		
(Effect/Date Chng)				10/81		
Medically Needy Income Levels						
o 1 Person	150	192	217	242	267	
o 2 Persons	225	233	259	284	309	
o 3 Persons	242	275	300		350	
o 4 Persons	267	317	342	367	392	
(Effect/Date Chng)	1/78	7/78	1979	10/81	7/82	

Notes:

State: **Massachusetts**

Medicaid Eligibility:
Financial Standards

SSI	**1978**						**1984**
Total Monthly Fed/State Payment to Persons With No Income/Special Needs							
Individual Living Independently							
o Aged	315.80	336.01	375.22	401.92	421.52	441.52	442.82
o Blind	342.85	364.79	396.14	422.84	442.44	462.44	463.74
o Disabled	303.65	323.08	360.79	387.49	407.09	427.09	428.39
Couples Living Independently							
o Aged	480.84	511.62	571.32	611.32	640.72	670.72	673.72
o Blind	685.70	729.58	792.28	845.68	884.88	914.88	927.48
o Disabled	462.62	492.22	549.66	589.66	619.06	649.06	652.06
(Effect/Date Chng)	7/78	7/79	7/80	7/81	7/82	7/83	1/84
More Restrictive 209(b)	NO						
(Effect/Date Chng)							->
Resource Limit (if diff from SSI)							
(Effect/Date Chng)							
Disregards (if diff from SSI)							
(Effect/Date Chng)							

Medically Needy Financial Criteria

	1978			**1984**
Presence of MN Prgm				
(Effect/Date Chng)	YES			->
Spend Down Time Prd				
(Effect/Date Chng)	6 Months			
Allowable Resources				
o 1 Person			2000	
o 2 Persons			3000	
o 3 Persons			3100	
o 4 Persons			3200	
(Effect/Date Chng)			10/81	
Medically Needy Income Levels				
o 1 Person	300	300	333	
o 2 Persons	375	375	425	
o 3 Persons	390	390	435	
o 4 Persons	440	440	445	
(Effect/Date Chng)	1/78	1979	10/81	

Notes:

State: Michigan

Medicaid Eligibility:
Financial Standards

SSI	1978						1984
Total Monthly Fed/State Payment to Persons With No Income/Special Needs							
Individual Living Independently							
o Aged	221.65	242.29	262.30	289	308.60	328.60	338.30
o Blind	"	"	"	"	"	"	"
o Disabled	"	"	"	"	"	"	"
Couples Living Independently							
o Aged	332.48	363.44	393.40	433.40	462.80	492.80	508.40
o Blind	"	"	"	"	"	"	"
o Disabled	"	"	"	"	"	"	"
(Effect/Date Chng)	10/78	7/79	7/80	7/81	7/82	7/83	1/84
More Restrictive 209(b)	NO						
(Effect/Date Chng)							->
Resource Limit (if diff from SSI)							
(Effect/Date Chng)							
Disregards (if diff from SSI)							
(Effect/Date Chng)							

Medically Needy Financial Criteria

	1978					1984
Presence of MN Prgm						
(Effect/Date Chng)	YES					->
Spend Down Time Prd						
(Effect/Date Chng)	6 Months					
Allowable Resources						
o 1 Person				1500		
o 2 Persons				2250		
o 3 Persons				2450		
o 4 Persons				2650		
(Effect/Date Chng)				10/81		
Medically Needy Income Levels				Low	High	
o 1 Person	214	282	289	304	309	
o 2 Persons	289	357	434	406	463	
o 3 Persons	350	440		424	478	
o 4 Persons	420	516	465	442	492	
(Effect/Date Chng)	1978	1979	10/81	1/82		

Notes: Michigan is divided into 11 groups and counties. For 1/82, lowest and highest MNILs are presented.

State: **Minnesota**

Medicaid Eligibility:
Financial Standards

SSI	**1978**						**1984**
Total Monthly Fed/State Payment to Persons With No Income/Special Needs							
Individual Living Independently							
o Aged	211	242	272	299	319	339	349
o Blind	"	"	"	"	"	"	"
o Disabled	"	"	"	"	"	"	"
Couples Living Independently							
o Aged	311	358	401	441	471	501	538
o Blind	"	"	"	"	"	"	"
o Disabled	"	"	"	"	"	"	"
(Effect/Date Chng)	7/78	7/79	7/80	7/81	7/82	7/83	1/84
More Restrictive 209(b)	YES-Parental income and resources deemed available to kids <21 who reside w/ parents. SSI kids covered under MA needy child, not MA disabled.						
(Effect/Date Chng)							
Resource Limit (if diff from SSI)							
(Effect/Date Chng)							
Disregards (if diff from SSI)							
(Effect/Date Chng)							

Medically Needy Financial Criteria

1978						**1984**
Presence of MN Prgm						
(Effect/Date Chng)	YES					->
Spend Down Time Prd						
(Effect/Date Chng)	6 Months					
Allowable Resources					Married	Single
o 1 Person			1500	2000		3000
o 2 Persons			2250	4000	6000	3200
o 3 Persons				4200	6200	3400
o 4 Persons			2450	4400	6400	3600
(Effect/Date Chng)			10/82	1/83	2/83	
Medically Needy Income Levels						
o 1 Person	216	239	293	313	328	
o 2 Persons	271	300	368	393	412	
o 3 Persons	322	364		477	500	
o 4 Persons	375	424	520	556	583	
(Effect/Date Chng)	1/75	1979	10/82	2/83	7/83	

Notes:

State: **Mississippi**

Medicaid Eligibility:
Financial Standards

SSI	**1978**						**1984**
Total Monthly Fed/State Payment to Persons With No Income/Special Needs							
Individual Living Independently							
o Aged	189.40	208.20	238	264.70	284.30	304.30	314
o Blind	"	"	"	"	"	"	"
o Disabled	"	"	"	"	"	"	"
Couples Living Independently							
o Aged	284.10	312.30	357	397	426.40	456.40	472
o Blind	"	"	"	"	"	"	"
o Disabled	"	"	"	"	"	"	"
(Effect/Date Chng)	7/78	7/79	7/80	7/81	7/82	7/83	1/84
More Restrictive 209(b)	NO						
(Effect/Date Chng)							->
Resource Limit (if diff from SSI)							
(Effect/Date Chng)							
Disregards (if diff from SSI)							
(Effect/Date Chng)							

Medically Needy Financial Criteria

1978	**1984**
Presence of MN Prgm	
(Effect/Date Chng) NO	->
Spend Down Time Prd	
(Effect/Date Chng)	
Allowable Resources	
o 1 Person	
o 2 Persons	
o 3 Persons	
o 4 Persons	
(Effect/Date Chng)	
Medically Needy Income Levels	
o 1 Person	
o 2 Persons	
o 3 Persons	
o 4 Persons	
(Effect/Date Chng)	

Notes:

State: **Missouri**

Medicaid Eligibility:
Financial Standards

SSI	**1978**						**1984**
Total Monthly Fed/State Payment to Persons With No Income/Special Needs							
Individual Living Independently							
o Aged	189.40	208.20	238	264.70	284.30	304.30	314
o Blind	"	"	"	"	"	"	"
o Disabled	"	"	"	"	"	"	"
Couples Living Independently							
o Aged	284.10	312.30	357	397	426.40	456.40	472
o Blind	"	"	"	"	"	"	"
o Disabled	"	"	"	"	"	"	"
(Effect/Date Chng)	7/78	7/79	7/80	7/81	7/82	7/83	1/84

More Restrictive 209(b): YES-State does not cover blind and disabled children under age 18.

(Effect/Date Chng)

Resource Limit (if diff from SSI):

	Aged/Disabled:	Blind:
Individuals-	Cash/Securities <$1000	<$2000
Couples-	" / " <$2000	<$4000

Aged/Disabled: No property worth >$20,500, no real property not lived in w/ equity >$1000 (>$2000 if married).

(Effect/Date Chng)

Disregards (if diff from SSI)

(Effect/Date Chng)

Medically Needy Financial Criteria

1978	**1984**
Presence of MN Prgm	
(Effect/Date Chng) NO	->
Spend Down Time Prd	
(Effect/Date Chng)	
Allowable Resources	
o 1 Person	
o 2 Persons	
o 3 Persons	
o 4 Persons	
(Effect/Date Chng)	
Medically Needy Income Levels	
o 1 Person	
o 2 Persons	
o 3 Persons	
o 4 Persons	
(Effect/Date Chng)	

Notes:

State: Montana

Medicaid Eligibility:
Financial Standards

SSI	1978						1984
Total Monthly Fed/State Payment to Persons With No Income/Special Needs							
Individual Living Independently							
o Aged	189.40	208.20	238	264.70	284.30	304.30	314
o Blind	"	"	"	"	"	"	"
o Disabled	"	"	"	"	"	"	"
Couples Living Independently							
o Aged	284.10	321.30	357	397	426.40	456.40	472
o Blind	"	"	"	"	"	"	"
o Disabled	"	"	"	"	"	"	"
(Effect/Date Chng)	7/78	7/79	7/80	7/81	7/82	7/83	1/84
More Restrictive 209(b)	NO						
(Effect/Date Chng)							->
Resource Limit (if diff from SSI)							
(Effect/Date Chng)							
Disregards (if diff from SSI)							
(Effect/Date Chng)							

Medically Needy Financial Criteria

	1978					1984
Presence of MN Prgm						
(Effect/Date Chng)	YES					->
Spend Down Time Prd						
(Effect/Date Chng)	3 Month					
Allowable Resources						
o 1 Person			1500			
o 2 Persons			2250			
o 3 Persons			2350			
o 4 Persons			2450			
(Effect/Date Chng)			10/81			
Medically Needy Income Levels						
o 1 Person	167	208	265	285	314	
o 2 Persons	287	258	265	375	375	
o 3 Persons	334	350			400	
o 4 Persons	381	442	342	425	425	
(Effect/Date Chng)	12/77	1979	10/81	10/82	1/84	

Notes:

State: **Nebraska**

Medicaid Eligibility:
Financial Standards

SSI	**1978**						**1984**
Total Monthly Fed/State Payment to Persons With No Income/Special Needs							
Individual Living Independently							
o Aged	278	295	313	358	369	389	381
o Blind	"	"	"	"	"	"	"
o Disabled	"	"	"	"	"	"	"
Couples Living Independently							
o Aged	378	406	471	534	552	582	572
o Blind	"	"	"	"	"	"	"
o Disabled	"	"	"	"	"	"	"
(Effect/Date Chng)	7/78	7/79	7/80	7/81	7/82	7/83	1/84
More Restrictive 209(b)	YES						
(Effect/Date Chng)							
Resource Limit (if diff from SSI)							
(Effect/Date Chng)							
Disregards (if diff from SSI)	Aged/Disabled: Unearned-$7.50, Earned-$20 plus 1/2 remainder b/w $20 and $80. Blind: Unearned-$7.50, Earned-$85 plus 1/2 remainder.						
(Effect/Date Chng)	All Groups: Work Exp- $40 plus witholding tax.						

Medically Needy Financial Criteria	**1978**				**1984**
Presence of MN Prgm					
(Effect/Date Chng)	YES				->
Spend Down Time Prd					
(Effect/Date Chng)	6 Months				
Allowable Resources					
o 1 Person			1500		
o 2 Persons			2250		
o 3 Persons			2275		
o 4 Persons			2300		
(Effect/Date Chng)			12/81		
Medically Needy Income Levels					
o 1 Person	210	258	258	283	
o 2 Persons	252	333	333	375	
o 3 Persons	294	400	400	450	
o 4 Persons	336	467	467	525	
(Effect/Date Chng)	8/75	11/78	1979	7/82	

Notes:

State: **Nevada**

Medicaid Eligibility:
Financial Standards

SSI	**1978**						**1984**
Total Monthly Fed/State Payment to Persons With No Income/Special Needs							
Individual Living Independently							
o Aged	229.45	251.45	284.70	311.40	331	351	350.40
o Blind	291.95	318.95	357.60	384.30	403.90	423.90	423.30
o Disabled	189.40	208.20	238	264.70	284.30	304.30	314
Couples Living Independently							
o Aged	361.14	395.50	446.86	486.86	516.26	546.26	546.46
o Blind	583.90	637.90	715.20	768.60	807.80	837.80	846.60
o Disabled	284.10	312.30	357	397	426.40	456.40	472
(Effect/Date Chng)	7/78	7/79	7/80	7/81	7/82	7/83	1/84
More Restrictive 209(b)	NO						
(Effect/Date Chng)							->
Resource Limit (if diff from SSI)							
(Effect/Date Chng)							
Disregards (if diff from SSI)							
(Effect/Date Chng)							

Medically Needy Financial Criteria

	1978	**1984**
Presence of MN Prgm		
(Effect/Date Chng)	NO	->
Spend Down Time Prd		
(Effect/Date Chng)		
Allowable Resources		
o 1 Person		
o 2 Persons		
o 3 Persons		
o 4 Persons		
(Effect/Date Chng)		
Medically Needy Income Levels		
o 1 Person		
o 2 Persons		
o 3 Persons		
o 4 Persons		
(Effect/Date Chng)		

Notes:

State: **New Hampshire**

Medicaid Eligibility:
Financial Standards

SSI	**1978**						**1984**
Total Monthly Fed/State Payment to Persons With No Income/Special Needs							
Individual Living Independently							
o Aged	216	237	271	289	308	328	328
o Blind	"	"	"	"	"	"	"
o Disabled	"	"	"	"	"	"	"
Couples Living Independently							
o Aged	302	332	379	413	442	472	473
o Blind	"	"	"	"	"	"	"
o Disabled	"	"	"	"	"	"	"
(Effect/Date Chng)	7/78	7/79	7/80	7/81	7/82	7/83	1/84
More Restrictive 209(b)	YES - Disability must be permanent, w/ no improvement likely throughout lifetime. Also, State does not cover disabled children under age 18. Also, State has more restrictive definition of blindness.						
(Effect/Date Chng)							
Resource Limit (if diff from SSI)							
(Effect/Date Chng)							
Disregards (if diff from SSI)							
(Effect/Date Chng)							

Medically Needy Financial Criteria

	1978						**1984**
Presence of MN Prgm							
(Effect/Date Chng)	YES						->
Spend Down Time Prd							
(Effect/Date Chng)	6 Months						
Allowable Resources							
o 1 Person				2500			
o 2 Persons				4000			
o 3 Persons				4100			
o 4 Persons				4200			
(Effect/Date Chng)				10/81			
Medically Needy Income Levels				AFDC	SSI	AFDC	SSI
o 1 Person	249	250	249	249	289	252	328
o 2 Persons	289	292	289	292	413	306	442
o 3 Persons	339	342	339	346		362	
o 4 Persons	381	383	381	392		410	
(Effect/Date Chng)	1/74	7/74	1979	2/82		1/84	

Notes:

State: New Jersey

Medicaid Eligibility:
Financial Standards

SSI	1978							1984
Total Monthly Fed/State Payment to Persons With No Income/Special Needs								
Individual Living Independently*								
o Aged	207	231	261	300.50	309.30	311.40	331.40	343.17
o Blind	"	"	"	"	"	"	"	"
o Disabled	"	"	"	"	"	"	"	"
Couples Living Independently*								
o Aged	293	324	369	421.50	445.50	447.60	477.60	495.28
o Blind	"	"	"	"	"	"	"	"
o Disabled	"	"	"	"	"	"	"	"
(Effect/Date Chng)	7/78	10/79	7/80	7/81	7/82	10/82	7/83	1/84
More Restrictive 209(b)		NO						
(Effect/Date Chng)								->
Resource Limit (if diff from SSI)								
(Effect/Date Chng)								
Disregards (if diff from SSI)								
(Effect/Date Chng)								

Medically Needy Financial Criteria

	1978	1984
Presence of MN Prgm		
(Effect/Date Chng)	NO	->
Spend Down Time Prd		
(Effect/Date Chng)		
Allowable Resources		
o 1 Person		
o 2 Persons		
o 3 Persons		
o 4 Persons		
(Effect/Date Chng)		
Medically Needy Income Levels		
o 1 Person		
o 2 Persons		
o 3 Persons		
o 4 Persons		
(Effect/Date Chng)		

Notes: *Living Alone or Purchasing Room and Board

State: **New Mexico**

Medicaid Eligibility:
Financial Standards

SSI	**1978**						**1984**
Total Monthly Fed/State Payment to Persons With No Income/Special Needs							
Individual Living Independently							
o Aged	189.40	208.20	238	264.70	284.30	304.30	314
o Blind	"	"	"	"	"	"	"
o Disabled	"	"	"	"	"	"	"
Couples Living Independently							
o Aged	284.10	312.30	357	397	426.40	456.40	472
o Blind	"	"	"	"	"	"	"
o Disabled	"	"	"	"	"	"	"
(Effect/Date Chng)	7/78	7/79	7/80	7/81	7/82	7/83	1/84
More Restrictive 209(b)	NO						
(Effect/Date Chng)							->
Resource Limit (if diff from SSI)							
(Effect/Date Chng)							
Disregards (if diff from SSI)							
(Effect/Date Chng)							

Medically Needy Financial Criteria

1978		**1984**
Presence of MN Prgm		
(Effect/Date Chng)	NO	->
Spend Down Time Prd		
(Effect/Date Chng)		
Allowable Resources		
o 1 Person		
o 2 Persons		
o 3 Persons		
o 4 Persons		
(Effect/Date Chng)		
Medically Needy Income Levels		
o 1 Person		
o 2 Persons		
o 3 Persons		
o 4 Persons		
(Effect/Date Chng)		

Notes:

State: New York

Medicaid Eligibility:
Financial Standards

SSI	1978						1984
Total Monthly Fed/State Payment to Persons With No Income/Special Needs							
Individual Living Independently							
o Aged	250.25	271.41	301.21	327.91	347.51	367.51	374.91
o Blind	"	"	"	"	"	"	"
o Disabled	"	"	"	"	"	"	"
Couples Living Independently							
o Aged	360.04	391.78	436.48	476.48	505.88	535.88	548.03
o Blind	"	"	"	"	"	"	"
o Disabled	"	"	"	"	"	"	"
(Effect/Date Chng)	7/78	7/79	7/80	7/81	7/82	7/83	1/84
More Restrictive 209(b)	NO						
(Effect/Date Chng)							->
Resource Limit (if diff from SSI)							
(Effect/Date Chng)							
Disregards (if diff from SSI)							
(Effect/Date Chng)							

Medically Needy Financial Criteria

	1978					1984
Presence of MN Prgm						
(Effect/Date Chng)	YES					->
Spend Down Time Prd						
(Effect/Date Chng)	1 - 6 Months					
Allowable Resources						
o 1 Person				2500	2600	2750
o 2 Persons				2900	4050	4300
o 3 Persons						4850
o 4 Persons				5000	5150	5400
(Effect/Date Chng)				10/81	10/82	1/84
Medically Needy Income Levels						
o 1 Person	208	258	308	333	350	375
o 2 Persons	283	367	442	483	508	550
o 3 Persons	333	375	450		517	558
o 4 Persons	417	417	458	500	525	567
(Effect/Date Chng)	1/74	7/78	1979	10/81	7/82	1/84

Notes:

State: North Carolina

Medicaid Eligibility:
Financial Standards

SSI	1978						1984
Total Monthly Fed/State Payment to Persons With No Income/Special Needs							
Individual Living Independently							
o Aged	189.40	208.20	238	264.70	284.30	304.30	314
o Blind	"	"	"	"	"	"	"
o Disabled	"	"	"	"	"	"	"
Couples Living Independently							
o Aged	284.10	312.30	357	397	426.40	456.40	472
o Blind	"	"	"	"	"	"	"
o Disabled	"	"	"	"	"	"	"
(Effect/Date Chng)	7/78	7/79	7/80	7/81	7/82	7/83	1/84
More Restrictive 209(b)	YES - Financial responsibility: Spouse to spouse if living together and/or for 1st mo. long term care. Parent to dependent if blind or disabled child <19. Parents to children <18 in SNF, ICF, ICF/MR, Hosp for 1st 180 days.						
(Effect/Date Chng)							
Resource Limit (if diff from SSI)							
(Effect/Date Chng)							
Disregards (if diff from SSI)	All groups: $4 general disregard. First $20 and half remaining earnings, not to exceed total of $50 disregarded.						
(Effect/Date Chng)							

Medically Needy Financial Criteria

	1978			1984
Presence of MN Prgm				
(Effect/Date Chng)	YES			->
Spend Down Time Prd				
(Effect/Date Chng)	6 Months			
Allowable Resources			A,B,D	<21,CR
o 1 Person			1000	1500
o 2 Persons			1100	2250
o 3 Persons			1150	2350
o 4 Persons			1200	2450
(Effect/Date Chng)			4/82	
Medically Needy Income Levels				
o 1 Person	142	175	183	
o 2 Persons	183	225	242	
o 3 Persons	208	258	275	
o 4 Persons	233	283	300	
(Effect/Date Chng)	1/74	1979	8/82	

Notes:

State: North Dakota

Medicaid Eligibility:
Financial Standards

SSI	1978						1984
Total Monthly Fed/State Payment to Persons With No Income/Special Needs							
Individual Living Independently							
o Aged	189.40	208.20	238	264.70	284.30	304.30	314
o Blind	"	"	"	"	"	"	"
o Disabled	"	"	"	"	"	"	"
Couples Living Independently							
o Aged	284.10	312.30	357	397	426.40	456.40	472
o Blind	"	"	"	"	"	"	"
o Disabled	"	"	"	"	"	"	"
(Effect/Date Chng)	7/78	7/79	7/80	7/81	7/82	7/83	1/84
More Restrictive 209(b)	YES						
(Effect/Date Chng)							
Resource Limit (if diff from SSI)	State sets more restrictive resource limits.						
(Effect/Date Chng)							
Disregards (if diff from SSI)							
(Effect/Date Chng)							

Medically Needy Financial Criteria

	1978				1984
Presence of MN Prgm					
(Effect/Date Chng)	YES				->
Spend Down Time Prd					
(Effect/Date Chng)	1 Month				
Allowable Resources					
o 1 Person				3000	
o 2 Persons				4500	
o 3 Persons				4525	
o 4 Persons				4550	
(Effect/Date Chng)				7/82*	
Medically Needy Income Levels					
o 1 Person	200	210	240	265	
o 2 Persons	287	305	360	385	
o 3 Persons	362	362	435	435	
o 4 Persons	443	443	530	530	
(Effect/Date Chng)	8/77	1/79	1979	7/82	

Notes: *In addition to liquid assets, recipients allowed up to $2500 in equity in real property and up to $2500 in other personal property.

State: Ohio

Medicaid Eligibility:
Financial Standards

SSI	1978						1984
Total Monthly Fed/State Payment to Persons With No Income/Special Needs							
Individual Living Independently							
o Aged	189.40	208.20	238	264.70	284.30	304.30	314
o Blind	"	"	"	"	"	"	"
o Disabled	"	"	"	"	"	"	"
Couples Living Independently							
o Aged	284.10	312.30	357	397	426.40	456.40	472
o Blind	"	"	"	"	"	"	"
o Disabled	"	"	"	"	"	"	"
(Effect/Date Chng)	7/78	7/79	7/80	7/81	7/82	7/83	1/84
More Restrictive 209(b)	YES - Need Standard established at $258 for individual, $346 for 2, $431 for 3, $515 for 4.						
(Effect/Date Chng)							
Resource Limit (if diff from SSI)	Can own auto worth up to $1200, exempt only if specially equipped or used for employment.						
(Effect/Date Chng)							
Disregards (if diff from SSI)							
(Effect/Date Chng)							

Medically Needy Financial Criteria

	1978	1984
Presence of MN Prgm		
(Effect/Date Chng)	NO	->
Spend Down Time Prd		
(Effect/Date Chng)		
Allowable Resources		
o 1 Person		
o 2 Persons		
o 3 Persons		
o 4 Persons		
(Effect/Date Chng)		
Medically Needy Income Levels		
o 1 Person		
o 2 Persons		
o 3 Persons		
o 4 Persons		
(Effect/Date Chng)		

Notes:

State: Oklahoma

Medicaid Eligibility:
Financial Standards

SSI	1978						1984
Total Monthly Fed/State Payment to Persons With No Income/Special Needs							
Individual Living Independently							
o Aged	231.40	287.20	317	343.70	363.30	383.30	383
o Blind	"	"	"	"	"	"	"
o Disabled	"	"	"	"	"	"	"
Couples Living Independently							
o Aged	363.10	470.30	515	555	584.40	614.40	616
o Blind	"	"	"	"	"	"	"
o Disabled	"	"	"	"	"	"	"
(Effect/Date Chng)	7/78	7/79	7/80	7/81	7/82	7/83	1/84
More Restrictive 209(b)	YES - Maximum Monthly Countable Income:(all groups) Individual-$265 Couple-$397 Standard Payment Amount: (all groups) No income Other than SSI-$79, Other income-$59						
(Effect/Date Chng)							
Resource Limit (if diff from SSI)							
(Effect/Date Chng)							
Disregards (if diff from SSI)							
(Effect/Date Chng)							

Medically Needy Financial Criteria

	1978					1984
Presence of MN Prgm						
(Effect/Date Chng)	YES					->
Spend Down Time Prd						
(Effect/Date Chng)	1 - 6 Months					
Allowable Resources						
o 1 Person				1500		
o 2 Persons				2250		
o 3 Persons				2300		
o 4 Persons				2450		
(Effect/Date Chng)				10/81		
Medically Needy Income Levels						
o 1 Person	175	217	242	242	265	
o 2 Persons	258	267	292	292	327	
o 3 Persons	317	342	383	383	423	
o 4 Persons	392	417	467	467	524	
(Effect/Date Chng)	4/77	4/78	1979	10/81	4/82	

Notes:

State: Oregon

Medicaid Eligibility:
Financial Standards

SSI	1978						1984
Total Monthly Fed/State Payment to Persons With No Income/Special Needs							
Individual Living Independently							
o Aged	201.40	220.20	250	276.70	296.30	316.30	315.70
o Blind	226.40	245.20	275	301.70	321.30	441.30	340.70
o Disabled	201.40	220.20	250	276.70	296.30	316.30	315.70
Couples Living Independently							
o Aged	294.10	322.30	367	407	436.40	466.40	472
o Blind	325.10	353.30	398	438	467.40	497.40	497.60
o Disabled	294.10	322.30	367	407	436.40	466.40	472
(Effect/Date Chng)	7/78	7/79	7/80	7/81	7/82	7/83	1/84
More Restrictive 209(b)	NO						
(Effect/Date Chng)							->
Resource Limit (if diff from SSI)							
(Effect/Date Chng)							
Disregards (if diff from SSI)							
(Effect/Date Chng)							

Medically Needy Financial Criteria

	1978	1984
Presence of MN Prgm		
(Effect/Date Chng)	NO	YES->
Spend Down Time Prd		
(Effect/Date Chng)		
Allowable Resources		
o 1 Person		1500
o 2 Persons		2250
o 3 Persons		2300
o 4 Persons		2350
(Effect/Date Chng)		1/84
Medically Needy Income Levels		
o 1 Person		327
o 2 Persons		415
o 3 Persons		490
o 4 Persons		593
(Effect/Date Chng)		1/84

Notes:

State: Pennsylvania

Medicaid Eligibility:
Financial Standards

SSI	1978						1984
Total Monthly Fed/State Payment to Persons With No Income/Special Needs							
Individual Living Independently							
o Aged	221.80	240.60	270.40	297.10	316.70	336.70	346.40
o Blind	"	"	"	"	"	"	"
o Disabled	"	"	"	"	"	"	"
Couples Living Independently							
o Aged	322.80	361	405.70	445.70	475.10	505.10	520.70
o Blind	"	"	"	"	"	"	"
o Disabled	"	"	"	"	"	"	"
(Effect/Date Chng)	7/78	7/79	7/80	7/81	7/82	7/83	1/84
More Restrictive 209(b)	NO						
(Effect/Date Chng)							->
Resource Limit (if diff from SSI)							
(Effect/Date Chng)							
Disregards (if diff from SSI)							
(Effect/Date Chng)							

Medically Needy Financial Criteria

	1978					1984
Presence of MN Prgm						
(Effect/Date Chng)	YES					->
Spend Down Time Prd						
(Effect/Date Chng)	6 Months					
Allowable Resources						
o 1 Person						2400
o 2 Persons						3200
o 3 Persons						3500
o 4 Persons						3800
(Effect/Date Chng)						1/84
Medically Needy Income Levels						
o 1 Person	213	225	242	300	316	350
o 2 Persons	317	333	363	367	367	367
o 3 Persons	321	354	371		392	392
o 4 Persons	375	375	396	500	458	458
(Effect/Date Chng)	7/77	7/78	1979	10/81	10/82	1/84

Notes:

State: **Rhode Island**

Medicaid Eligibility:
Financial Standards

SSI	**1978**						**1984**
Total Monthly Fed/State Payment to Persons With No Income/Special Needs							
Individual Living Independently							
o Aged	222.88	244.99	280.05	311.46	334.52	354.52	365.98
o Blind	"	"	"	"	"	"	"
o Disabled	"	"	"	"	"	"	"
Couples Living Independently							
o Aged	347.28	381.73	436.36	485.25	521.18	551.18	570.30
o Blind	"	"	"	"	"	"	"
o Disabled	"	"	"	"	"	"	"
(Effect/Date Chng)	7/78	7/79	7/80	7/81	7/82	7/83	1/84
More Restrictive 209(b)	NO						
(Effect/Date Chng)							->
Resource Limit (if diff from SSI)							
(Effect/Date Chng)							
Disregards (if diff from SSI)							
(Effect/Date Chng)							

Medically Needy Financial Criteria

	1978					**1984**
Presence of MN Prgm						
(Effect/Date Chng)	YES					->
Spend Down Time Prd						
(Effect/Date Chng)	6 Months					
Allowable Resources						
o 1 Person					4000	
o 2 Persons					6000	
o 3 Persons					6100	
o 4 Persons					6200	
(Effect/Date Chng)					4/82	
Medically Needy Income Levels						
o 1 Person	250	300	367	383	408	
o 2 Persons	333	358	408	425	450	
o 3 Persons	367	442	500		550	
o 4 Persons	400	508	575	600	633	
(Effect/Date Chng)	3/77	5/78	1979	10/81	7/83	

Notes:

State: South Carolina

Medicaid Eligibility:
Financial Standards

SSI	1978						1984
Total Monthly Fed/State Payment to Persons With No Income/Special Needs							
Individual Living Independently							
o Aged	189.40	208.20	238	264.70	284.30	304.30	314
o Blind	"	"	"	"	"	"	"
o Disabled	"	"	"	"	"	"	"
Couples Living Independently							
o Aged	284.10	312.30	357	397	426.40	456.40	472
o Blind	"	"	"	"	"	"	"
o Disabled	"	"	"	"	"	"	"
(Effect/Date Chng)	7/78	7/79	7/80	7/81	7/82	7/83	1/84
More Restrictive 209(b)	NO						
(Effect/Date Chng)							->
Resource Limit (if diff from SSI)							
(Effect/Date Chng)							
Disregards (if diff from SSI)							
(Effect/Date Chng)							

Medically Needy Financial Criteria

	1978	1984
Presence of MN Prgm		
(Effect/Date Chng)	NO	->
Spend Down Time Prd		
(Effect/Date Chng)		
Allowable Resources		
o 1 Person		
o 2 Persons		
o 3 Persons		
o 4 Persons		
(Effect/Date Chng)		
Medically Needy Income Levels		
o 1 Person		
o 2 Persons		
o 3 Persons		
o 4 Persons		
(Effect/Date Chng)		

Notes:

State: **South Dakota**

Medicaid Eligibility:
Financial Standards

SSI	**1978**						**1984**
Total Monthly Fed/State Payment to Persons With No Income/Special Needs							
Individual Living Independently							
o Aged	204.40	223.20	253	279.70	299.30	319.30	339
o Blind	"	"	"	"	"	"	"
o Disabled	"	"	"	"	"	"	"
Couples Living Independently							
o Aged	299.10	327.30	372	412	441.40	471.40	487
o Blind	"	"	"	"	"	"	"
o Disabled	"	"	"	"	"	"	"
(Effect/Date Chng)	7/78	7/79	7/80	7/81	7/82	7/83	1/84
More Restrictive 209(b)	NO						
(Effect/Date Chng)							->
Resource Limit (if diff from SSI)							
(Effect/Date Chng)							
Disregards (if diff from SSI)							
(Effect/Date Chng)							

Medically Needy Financial Criteria

1978		**1984**
Presence of MN Prgm		
(Effect/Date Chng)	NO	->
Spend Down Time Prd		
(Effect/Date Chng)		
Allowable Resources		
o 1 Person		
o 2 Persons		
o 3 Persons		
o 4 Persons		
(Effect/Date Chng)		
Medically Needy Income Levels		
o 1 Person		
o 2 Persons		
o 3 Persons		
o 4 Persons		
(Effect/Date Chng)		

Notes:

State: Tennessee

Medicaid Eligibility:
Financial Standards

SSI	1978						1984
Total Monthly Fed/State Payment to Persons With No Income/Special Needs							
Individual Living Independently							
o Aged	189.40	208.20	238	264.70	284.30	304.30	314
o Blind	"	"	"	"	"	"	"
o Disabled	"	"	"	"	"	"	"
Couples Living Independently							
o Aged	284.10	312.30	357	397	426.40	456.40	472
o Blind	"	"	"	"	"	"	"
o Disabled	"	"	"	"	"	"	"
(Effect/Date Chng)	7/78	7/79	7/80	7/81	7/82	7/83	1/84
More Restrictive 209(b)	NO						
(Effect/Date Chng)							->
Resource Limit (if diff from SSI)							
(Effect/Date Chng)							
Disregards (if diff from SSI)							
(Effect/Date Chng)							

Medically Needy Financial Criteria

	1978					1984
Presence of MN Prgm						
(Effect/Date Chng)	YES					->
Spend Down Time Prd						
(Effect/Date Chng)	3 Months					
Allowable Resources						
o 1 Person				1500		
o 2 Persons				2250		
o 3 Persons				2350		
o 4 Persons				2450		
(Effect/Date Chng)				10/81		
Medically Needy Income Levels						
o 1 Person	108	117	117	117	117	
o 2 Persons	125	133	133	133	135	
o 3 Persons	158	167	167	167	169	
o 4 Persons	191	200	200	200	205	
(Effect/Date Chng)	1/78	10/78	1979	10/81	1/82	

Notes:

State: **Texas**

Medicaid Eligibility:
Financial Standards

SSI	**1978**						**1984**
Total Monthly Fed/State Payment to Persons With No Income/Special Needs							
Individual Living Independently							
o Aged	189.40	208.20	238	264.70	284.30	304.30	314
o Blind	"	"	"	"	"	"	"
o Disabled	"	"	"	"	"	"	"
Couples Living Independently							
o Aged	284.10	312.30	357	397	426.40	456.40	472
o Blind	"	"	"	"	"	"	"
o Disabled	"	"	"	"	"	"	"
(Effect/Date Chng)	7/78	7/79	7/80	7/81	7/82	7/83	1/84
More Restrictive 209(b)	NO						
(Effect/Date Chng)							->
Resource Limit (if diff from SSI)							
(Effect/Date Chng)							
Disregards (if diff from SSI)							
(Effect/Date Chng)							

Medically Needy Financial Criteria	**1978**	**1984**
Presence of MN Prgm		
(Effect/Date Chng)	NO	->
Spend Down Time Prd		
(Effect/Date Chng)		
Allowable Resources		
o 1 Person		
o 2 Persons		
o 3 Persons		
o 4 Persons		
(Effect/Date Chng)		
Medically Needy Income Levels		
o 1 Person		
o 2 Persons		
o 3 Persons		
o 4 Persons		
(Effect/Date Chng)		

Notes:

State: Utah

Medicaid Eligibility:
Financial Standards

SSI	1978						1984
Total Monthly Fed/State Payment to Persons With No Income/Special Needs							
Individual Living Independently							
o Aged	199.40	218.20	248	274.70	294.30	314.30	324
o Blind	"	"	"	"	"	"	"
o Disabled	"	"	"	"	"	"	"
Couples Living Independently							
o Aged	294.10	332.30	377	417	446.40	476.40	492
o Blind	"	"	"	"	"	"	"
o Disabled	"	"	"	"	"	"	"
(Effect/Date Chng)	7/78	7/79	7/80	7/81	7/82	7/83	1/84
More Restrictive 209(b)	YES						
(Effect/Date Chng)							
Resource Limit (if diff from SSI)							
(Effect/Date Chng)							
Disregards (if diff from SSI) (Effect/Date Chng)	All Groups: Full monthly disregard not to exceed $65 plus 1/2 of remainder.						

Medically Needy Financial Criteria

	1978						1984
Presence of MN Prgm							
(Effect/Date Chng)	YES						->
Spend Down Time Prd							
(Effect/Date Chng)							
Allowable Resources							
o 1 Person				1500			
o 2 Persons				2250			
o 3 Persons				2350			
o 4 Persons				2375			
(Effect/Date Chng)				10/81			
Medically Needy Income Levels							
o 1 Person	215	225	229	276	287	285	
o 2 Persons	297	317	316	371	385	381	
o 3 Persons	377	400	401		509	482	
o 4 Persons	457	483	486	584	607	554	
(Effect/Date Chng)	7/77	7/78	1979	10/81	9/82	9/83	

Notes:

State: Vermont

Medicaid Eligibility:
Financial Standards

SSI	1978						1984
Total Monthly Fed/State Payment to Persons With No Income/Special Needs							
Individual Living Independently*							
o Aged	226	247	279	308.60	331.50	351.50	364
o Blind	"	"	"	"	"	"	"
o Disabled	"	"	"	"	"	"	"
Couples Living Independently*							
o Aged	331	362	409	452.70	486.30	516.30	535.50
o Blind	"	"	"	"	"	"	"
o Disabled	"	"	"	"	"	"	"
(Effect/Date Chng)	7/78	7/79	7/80	7/81	7/82	7/83	1/84
More Restrictive 209(b)	NO						
(Effect/Date Chng)							->
Resource Limit (if diff from SSI)							
(Effect/Date Chng)							
Disregards (if diff from SSI)							
(Effect/Date Chng)							

Medically Needy Financial Criteria

	1978					1984
Presence of MN Prgm						
(Effect/Date Chng)	YES					->
Spend Down Time Prd						
(Effect/Date Chng)	6 Months					
Allowable Resources						
o 1 Person					1500	
o 2 Persons					2250	
o 3 Persons					2400	
o 4 Persons					2550	
(Effect/Date Chng)					10/82	
Medically Needy Income Levels						
o 1 Person	233	274	288	324	332	
o 2 Persons	330	352	384	479	514	
o 3 Persons	358	419	442		507	
o 4 Persons	405	477	503	558	569	
(Effect/Date Chng)	7/77	7/78	1979	10/81	10/82	

Notes: * - Area 1; All Counties Except Chittenden Co.
MNILs represent urban rates.

State: Virginia

Medicaid Eligibility:
Financial Standards

SSI	1978						1984
Total Monthly Fed/State Payment to Persons With No Income/Special Needs							
Individual Living Independently							
o Aged	189.40	208.20	238	264.70	284.30	304.30	314
o Blind	"	"	"	"	"	"	"
o Disabled	"	"	"	"	"	"	"
Couples Living Independently							
o Aged	284.10	312.30	357	397	426.40	456.40	472
o Blind	"	"	"	"	"	"	"
o Disabled	"	"	"	"	"	"	"
(Effect/Date Chng)	7/78	7/79	7/80	7/81	7/82	7/83	1/84
More Restrictive 209(b)	YES - Presumptively eligible SSI recipients are not covered. Presumptively disabled or blind SSI recipients are not covered. Conditionally eligible SSI recipients are not covered.						
(Effect/Date Chng)							
Resource Limit (if diff from SSI)							
(Effect/Date Chng)							
Disregards (if diff from SSI)							
(Effect/Date Chng)							

Medically Needy Financial Criteria

1978			1984
Presence of MN Prgm			
(Effect/Date Chng)	YES		->
Spend Down Time Prd			
(Effect/Date Chng)	6 Months		
Allowable Resources			
o 1 Person		1500	
o 2 Persons		2250	
o 3 Persons		2350	
o 4 Persons		2450	
(Effect/Date Chng)		4/82	
Medically Needy Income Levels			
o 1 Person	208	208	208
o 2 Persons	258	258	258
o 3 Persons	283	283	283
o 4 Persons	317	317	317
(Effect/Date Chng)	1/78	1979	7/82

Notes: MNILs represent Group 2.

State: Washington

Medicaid Eligibility:
Financial Standards

SSI	**1978**							**1984**
Total Monthly Fed/State Payment to Persons With No Income/Special Needs								
Individual Living Independently*								
o Aged	230.25	242.30	253.30	281.15	303	322.60	342.60	352.30
o Blind	"	"	"	"	"	"	"	"
o Disabled	"	"	"	"	"	"	"	"
Couples Living Independently*								
o Aged	328.50	348.40	361.40	401.15	433	462.80	492.80	508.40
o Blind	"	"	"	"	"	"	"	"
o Disabled	"	"	"	"	"	"	"	"
(Effect/Date Chng)	7/78	7/79	9/79	7/80	7/81@	7/82	7/83	1/84
More Restrictive 209(b)	NO							
(Effect/Date Chng)	->							
Resource Limit (if diff from SSI)								
(Effect/Date Chng)								
Disregards (if diff from SSI)								
(Effect/Date Chng)								

Medically Needy Financial Criteria	**1978**						**1984**
Presence of MN Prgm	YES						
(Effect/Date Chng)	->						
Spend Down Time Prd	3 or 6 Option to Recipient						
(Effect/Date Chng)							
Allowable Resources							
o 1 Person							1500
o 2 Persons							2250
o 3 Persons							2300
o 4 Persons							2350
(Effect/Date Chng)							7/83
Medically Needy Income Levels							
o 1 Person	219	231	282	303	323	353	343
o 2 Persons	312	329	402	434	463	509	493
o 3 Persons	355	375	458			527	519
o 4 Persons	416	439	536	531	531	544	544
(Effect/Date Chng)	7/77	7/78	1979	10/81	10/82	11/82	7/83

Notes: * - Area 1; King, Pierce, Snohomish, & Thurston Counties.
Kitsap Co. added 7/1/79.
@ - Actual payment level for couples on 7/81 = $433.30.

State: West Virginia

Medicaid Eligibility:
Financial Standards

SSI	**1978**						**1984**
Total Monthly Fed/State Payment to Persons With No Income/Special Needs							
Individual Living Independently							
o Aged	189.40	208.20	238	264.70	284.30	304.30	314
o Blind	"	"	"	"	"	"	"
o Disabled	"	"	"	"	"	"	"
Couples Living Independently							
o Aged	284.10	312.30	357	397	426.40	456.40	472
o Blind	"	"	"	"	"	"	"
o Disabled	"	"	"	"	"	"	"
(Effect/Date Chng)	7/78	7/79	7/80	7/81	7/82	7/83	1/84
More Restrictive 209(b)	NO						
(Effect/Date Chng)							->
Resource Limit (if diff from SSI)							
(Effect/Date Chng)							
Disregards (if diff from SSI)							
(Effect/Date Chng)							

Medically Needy Financial Criteria

1978			**1984**
Presence of MN Prgm			
(Effect/Date Chng)	YES		->
Spend Down Time Prd			
(Effect/Date Chng)	6 Months		
Allowable Resources			
o 1 Person		1500	
o 2 Persons		2250	
o 3 Persons		2300	
o 4 Persons		2350	
(Effect/Date Chng)		10/81	
Medically Needy Income Levels			
o 1 Person	167	167	200
o 2 Persons	183	183	225
o 3 Persons	233	233	233
o 4 Persons	275	275	275
(Effect/Date Chng)	4/77	1979	9/82

Notes:

State: **Wisconsin**

Medicaid Eligibility:
Financial Standards

SSI	**1978**							**1984**
Total Monthly Fed/State Payment to Persons With No Income/Special Needs								
Individual Living Independently								
o Aged	275.60	294.40	300.90	337.70	364.40	384	404	413.70
o Blind	"	"	"	"	"	"	"	"
o Disabled	"	"	"	"	"	"	"	"
Couples Living Independently								
o Aged	423.30	451.50	462	518	558	587.40	617.40	633
o Blind	"	"	"	"	"	"	"	"
o Disabled	"	"	"	"	"	"	"	"
(Effect/Date Chng)	7/78	7/79	10/79	7/80	11/81	7/82	7/83	1/84
More Restrictive 209(b)		NO						
(Effect/Date Chng)								->
Resource Limit (if diff from SSI)								
(Effect/Date Chng)								
Disregards (if diff from SSI)								
(Effect/Date Chng)								

Medically Needy Financial Criteria	**1978**						**1984**
Presence of MN Prgm							
(Effect/Date Chng)	YES						->
Spend Down Time Prd							
(Effect/Date Chng)	6 Months						
Allowable Resources							
o 1 Person				1500			
o 2 Persons				2250			
o 3 Persons				2550			
o 4 Persons				2850			
(Effect/Date Chng)				10/81			
Medically Needy Income Levels							
o 1 Person	283	283	301	364	384	404	
o 2 Persons	392	417	462	542	575	575	
o 3 Persons	400	442	492		592	592	
o 4 Persons	467	525	583	662	706	706	
(Effect/Date Chng)	7/77	7/78	1979	10/81	10/82	7/83	

Notes:

State: Wyoming

Medicaid Eligibility:
Financial Standards

SSI	1978						1984
Total Monthly Fed/State Payment to Persons With No Income/Special Needs							
Individual Living Independently							
o Aged	209.40	228.20	258	284.70	304.30	324.30	334
o Blind	"	"	"	"	"	"	"
o Disabled	"	"	"	"	"	"	"
Couples Living Independently							
o Aged	324.10	352.30	397	437	466.40	496.40	512
o Blind	"	"	"	"	"	"	"
o Disabled	"	"	"	"	"	"	"
(Effect/Date Chng)	7/78	7/79	7/80	7/81	7/82	7/83	1/84
More Restrictive 209(b)	NO						
(Effect/Date Chng)							->
Resource Limit (if diff from SSI)							
(Effect/Date Chng)							
Disregards (if diff from SSI)							
(Effect/Date Chng)							

Medically Needy Financial Criteria

1978							1984
Presence of MN Prgm							
(Effect/Date Chng)	NO						->
Spend Down Time Prd							
(Effect/Date Chng)							
Allowable Resources							
o 1 Person							
o 2 Persons							
o 3 Persons							
o 4 Persons							
(Effect/Date Chng)							
Medically Needy Income Levels							
o 1 Person							
o 2 Persons							
o 3 Persons							
o 4 Persons							
(Effect/Date Chng)							

Notes:

APPENDIX C

Other OBRA, TEFRA, DEFRA provisions affecting Medicaid eligibility

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This appendix provides a more detailed discussion of other, less significant OBRA, TEFRA, and DEFRA provisions which affected Medicaid eligibility policy. Discussion is divided to consider AFDC, SSI, and Medicaid provisions separately.

I. AFDC-Related Legislative Changes

- Income of Stepparents

Under prior rules, AFDC children living with stepparents were not assumed to have the income and resources of their stepparents available to them. **OBRA** modified this stance, mandating that when determining eligibility and benefit amounts for AFDC applicants and recipients, the income of a stepparent must be deemed as available to the entire AFDC family. The stepparent is allowed to exclude certain portions of their income from consideration, including the first $75, amounts paid to dependents outside the household, and any alimony or child support paid to persons not in the household. What remains however, is now to be considered as countable income.

- Participation in Strikes

OBRA stated that a family is ineligible for AFDC benefits for any month in which a caretaker relative is, on the last day of that month, participating in a strike.

- Payments Less Than $10

OBRA required that no State make an AFDC payment of less than $10. Any individual who was to receive such a payment is still considered eligible for other purposes such as Medicaid.

- Work Requirements

OBRA rules dictated that work requirements be applied to children age 16 and over unless they are enrolled in school (not college). Parents with children under age 6 are exempt from such requirements only if they are providing continual care for the children.

- Counting Food Stamps/Housing Subsidies as Income

OBRA gave the States the option of counting the value of food stamps and/or housing subsidies as income when

determining eligibility. While the potential effect of this rule remains highly significant, by 1983 only two States, Oregon and North Carolina, had chosen to count portions of families' housing subsidies as income.

- Retrospective Budgeting and Monthly Reporting

OBRA required States to adopt a retrospective budgeting and monthly reporting system. Under the new rules, eligibility is determined on the basis of income and circumstances in the current month, while benefits are calculated retrospectively, based on the previous month's income. Additionally, as a requirement for continued eligibility, AFDC families are required to submit monthly reports detailing information on income, resources, family composition, etc.

On the surface, this provision seems to be aimed at improving administrative processes. However, the monthly reporting provision, in effect, creates a potentially dangerous situation whereby families' cases could be accidently closed because a monthly report is not filed on time.

Under **DEFRA**, rules were altered again so that monthly reporting is to be used only where cost effective (generally in cases with a recent work history and earned income). Retrospective budgeting is mandatory only for cases filing a monthly report. While this rule will most likely not change the situation for the majority of working recipients, it will reduce paperwork burdens for welfare agencies. In addition, such an improvement will decrease the likelihood that a case could be closed accidently because a monthly report is not filed on time.

- Earned Income Tax Credits

According to **OBRA** provisions, States were directed to assume that AFDC recipients who appeared eligible to receive Earned Income Tax Credits (EITCs), were receiving such payments on an advanced monthly basis. Thus, EITC payments were counted as income, regardless of whether or not recipients had applied for or received the payments.

Under **DEFRA**, this assumption was eliminated, and EITCs are counted only when actually received.

- Lump Sum Income

OBRA stated that in determining AFDC eligibility, income received in a month must be considered available in the month in which it is received and also in future months. Thus any lump sum amount which exceeds the State's monthly need standard for a particular family, would make that family ineligible for AFDC for not only that month, but also

any period of time in the future in which that lump sum exceeded the standard of need.

The **DEFRA** legislation allowed for flexibility in recalculating periods of ineligibility, such that 1) if events occur which would have changed the amount of aid payable if the family had been receiving aid, or 2) if the income received has become unavailable to the family for reasons beyond their control, or 3) if the family incurs medical expenses which offset the lump-sum income, the State can recalculate the length of time the recipient is ineligible for benefits. Such a provision will allow for protection of families when special needs arise.

- Community Work Experience Programs

OBRA authorized States to operate Community Work Experience Programs (CWEPs) and to require AFDC recipients to participate in them as a condition of eligibility.

DEFRA required that States reimburse AFDC recipients participating in Community Work Experience Programs (CWEP) for costs of child care as well as transportation, which are incurred due to participation in the CWEP. The bill states that this new reimbursement for child care is to be federally matched as an administrative cost, but limits reimbursement to $160 per child per month.

- Eligibility of Aliens

Any legally admitted alien applying for AFDC after **OBRA** implementation was to have the income and resources of the sponsor deemed as available to the alien for a period of 3 years.

Under **DEFRA**, eligibility restrictions were tightened even further by stating that aliens who enter the country under the sponsorship of an agency or organization are made ineligible for AFDC benefits unless the State determines that the sponsor is no longer in existence, or that it does not have the financial ability to meet the alien's needs. This provision will not only restrict the eligibility of certain aliens, but may also create a disincentive for agencies to sponsor the entry of new aliens.

- Uniformed Services

TEFRA stated that AFDC could no longer be payable to families where a parent is absent solely because of active duty in a uniformed service.

- Rounding Need Standards and Benefits

  States were required under **TEFRA** to round both their AFDC need standards and actual monthly benefit amounts to the next lower whole dollar.

- Parents and Siblings of Dependent Child Included in Filing Unit

  States will be required, under **DEFRA** to include in the filing unit the parents and all minor siblings living with a dependent child who applies for or receives AFDC. Thus, families will no longer be able to exclude from the unit family members who have income which might reduce the AFDC benefit. Additionally, under the new law, if a minor parent, living in the same home as her parents, applies for aid, the income of the minor's parents is deemed available to the filing unit.

- Earned Income of Full-Time Students

  Under P.L. 97-377, the Job Training Partnership Act (JTPA), income earned by a youth involved with a JTPA project is not counted toward a family's income when calculating the 150% gross income limit, for a period of up to six months. **DEFRA** applied this same rule to income earned by a youth who is a full-time student.

- Clarification of Earned Income

  The AFDC statute was amended by **DEFRA** to clarify that "earned income" means the gross amount of earnings, prior to the taking of payroll or other deductions.

II. SSI-Related Legislative Changes

- Mandatory Retrospective Budgeting

  This provision created a retrospective budgeting system for SSI which is similar to that created for AFDC. Eligibility for SSI, under **OBRA**, is to be determined on the basis of income and circumstances of the current month, while benefit amounts are to be determined based on prior month's circumstances.

- Rounding Benefits and Income to the Next Lowest Whole Dollar

  Just as in the AFDC provision, **TEFRA** amended the SSI statutes to require that monthly benefit and income eligibility amounts be rounded to the next lower whole dollar. Such rounding would occur after the cost of living adjustments had been made.

III. Medicaid-Only Legislative Changes

- Mandatory Assignment of Rights

In an attempt to pass on Medicaid costs to other 3rd party payors, the **DEFRA** legislation mandated that States require Medicaid applicants to assign to the State their rights to 3rd party payments as a condition of eligibility. States previously had the option to require such an assignment.

- Medicaid Entitlement for Certain Newborns

Under **DEFRA**, children born to women who, at the time of birth, are eligible for and receiving Medicaid, are deemed eligible for Medicaid for a period of one year, as long as the mother remains eligible.

APPENDIX D

Miscellaneous Medicaid eligibiltiy groups not affected by OBRA, TEFRA, and DEFRA provisions

States are either required or have the option to extend Medicaid to a number of groups of AFDC-related and SSI-related individuals. These groups were not affected by OBRA, TEFRA, and DEFRA, yet are described briefly below for reference purposes.

I. AFDC-RELATED MEDICAID COVERAGE GROUPS

A. Mandatory Coverage Groups

AFDC-related individuals who must be provided with Medicaid coverage include:

- children for whom adoption assistance or foster care maintenance payments are made under Title IV-E;
- members of a 1972 "pass-through" group who would be eligible for AFDC except that increases in Old Age, Survivors, and Disability Insurance (OASDI) under Title II of the Social Security Act raised their income over the AFDC limit; and
- individuals who do not qualify for AFDC due to rules such as lien laws which do not apply under Medicaid statutes.

B. Optional Coverage Groups

Medicaid statutes allow States the option of extending Medicaid coverage to persons who are financially eligible for cash assistance under AFDC, but do not receive such assistance due to a variety of other circumstances. Such individuals, often referred to as "optional categorically needy", include:

- Persons in Medical Institutions: States have the option of extending Medicaid benefits to individuals who would be eligible for AFDC if they were not already receiving care in a Title XIX reimbursable medical institution or intermediate care facility (ICF).
- Persons Choosing Not to Receive Cash Assistance: A State can choose to provide Medicaid coverage to anyone is eligible for AFDC, but chooses not to receive such cash assistance.
- Persons Who Have Child Care Costs Paid by State Agency: States can extend Medicaid coverage to families that would be eligible for AFDC if work related child care costs were paid by the family, rather than by a State agency. In other words, if a family paid their child care costs out-of-

pocket, they would qualify for AFDC (and thus Medicaid) due to the allowance of the child care disregard.

- Persons ineligible for AFDC Due to Restrictive State Rules: Medicaid can also be provided to individuals who would be eligible for AFDC if coverage under the State's AFDC plan was as broad as permitted under the Federal AFDC statutes.

II. SSI-RELATED MEDICAID COVERAGE GROUPS

A. Mandatory Coverage Groups

SSI-related individuals or groups who must be provided with Medicaid coverage include:

- individuals who do not qualify for SSI or optional State supplements due to rules such as lien laws which do not apply under Medicaid statutes;

- individuals who receive only mandatory State supplements (described in Section 2);

- certain "grandfathered" groups such as essential spouses, institutionalized individuals, and blind and disabled individuals who were eligible for Medicaid in December 1973 (before SSI) under optional coverage provisions;

- certain members of a 1972 "pass-through" group who would be eligible for SSI except that the increases in OASDI under Title II of the Social Security Act raised their income over the limit allowed by SSI; and

- certain members of a 1977 "pass-through" group who have become ineligible for SSI due to OASDI cost of living increases since 1977, and would be eligible for assistance if that increase were deducted from income.

B. Optional Coverage Groups

As with the AFDC program, Medicaid statutes allow States the option of extending Medicaid coverage to persons who are financially eligible for cash assistance under SSI, but do not receive such assistance due to a variety of other circumstances. Again, such individuals can be referred to as "optional categorically needy" and include:

- Recipients of Optional State Supplements: As mentioned above, States have the option of supplementing Federal SSI payments with additional State funds through what are called "State Supplements". In 1984, 26 States supplemented SSI payments to individuals and couples living independently. In these States, cases arise whereby some persons have too much money to qualify for SSI, yet still have income limited

enough to qualify for part or all of the State Supplement. Under Medicaid Statutes, States have the option of providing Medicaid coverage to individuals or couples such as these, who receive only State Supplement Payments (SSPs). In 1984, 35 States extended Medicaid coverage to such persons. Example 6 provides an illustration of such a case.

- Persons in Medical Institutions: Again as in AFDC, States can extend Medicaid to individuals who would be eligible for SSI if they were not alreading receiving care in a Title XIX reimbursed medical institution or ICF.

- Persons Choosing Not to Receive Cash Assistance: As in AFDC, States have the option of providing Medicaid coverage to persons who would be eligible for SSI or optional State Supplements, but who choose not to receive such cash assistance.

- Persons Receiving Care Under Home and Community Based Waivers:

  Section 2176 of the Omnibus Reconciliation Act (ORA) allowed States to apply for what are commonly referred to as "home and community based waivers". If a State is granted such a waiver, it can extend Medicaid coverage to aged, blind, or disabled individuals who live in the community, and who would have been eligible for Medicaid if they resided in an institution. Studies indicate that such home-based care can be delivered in a less costly manner than care provided in an institutional setting.

EXAMPLE D.1

Medicaid coverage for recipients of State Supplement Payments only

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Mr. and Mrs. Gomez are both over age 65, and receive each month Social Security checks (unearned income) worth a total of $520. In the State where the Gomez' live, Federal SSI payments for couples living independently ($472) are supplemented with $98 worth of State funds. The following calculation shows that the Gomez' make too much money to qualify for SSI, but still can receive a portion of the State Supplement.

$520.00 Monthly Income
- 20.00 General Disregard
$500.00 Countable Income

Countable income ($500) exceeds SSI payment level ($472)

$472.00 Federal SSI Payment Level
+ 98.00 State Supplement
$570.00 Total Fed/State Payment Level

$570.00 Total Fed/State Payment Level
-500.00 Countable Income
$ 70.00 Cash Benefit to Gomez'

The Gomez' may or may not receive Medicaid coverage along with this optional State Supplement, depending on the provisions in that State's Medicaid plan.

APPENDIX E

Medicaid eligibility determination processes before and after OBRA

by Pamela Walker
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The flow charts presented in this appendix depict the Medicaid eligibility determination processes before and after OBRA. The descriptions presented are general ones. Since States often have numerous options in structuring their individual programs, they may not depict the actual eligibility determination processes for any specific State.

These flow charts reflect all the important steps in the Medicaid eligibility determination processes, not just those altered by OBRA. In order to highlight the OBRA changes, the altered provisions are underlined.

This appendix is organized in the following way:

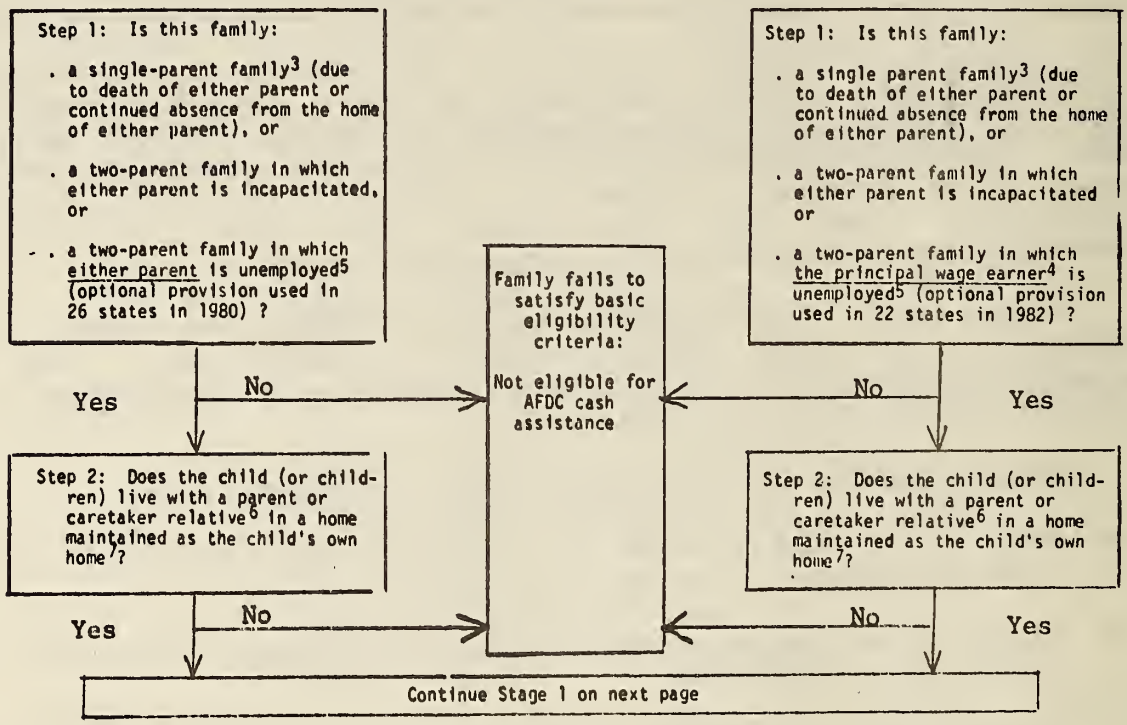
- Figure E-1: The Process for determining eligibility for AFDC cash assistance, pre and post OBRA;
- Figure E-2: Calculation of countable income for AFDC eligibility determination;
- Figure E-3: Medicaid eligibility determination process for AFDC-related families and children; and
- Figure E-4: Medically Needy eligibility determination process.

Figure E-1

The Process for Determining Eligibility for AFDC Cash Assistance Before and After OBRA[1]

Pre-OBRA[2]	Post-OBRA[2]

STAGE 1: Determining whether a family falls into the basic eligibility categories: the "dependent child test"


Step 1: Is this family:
. a single-parent family[3] (due to death of either parent or continued absence from the home of either parent), or
. a two-parent family in which either parent is incapacitated, or
. a two-parent family in which either parent is unemployed[5] (optional provision used in 26 states in 1980) ?
Yes
No
Step 2: Does the child (or children) live with a parent or caretaker relative[6] in a home maintained as the child's own home[7]?
Yes
No
Family fails to satisfy basic eligibility criteria:
Not eligible for AFDC cash assistance
Step 1: Is this family:
. a single parent family[3] (due to death of either parent or continued absence from the home of either parent), or
. a two-parent family in which either parent is incapacitated or
. a two-parent family in which the principal wage earner[4] is unemployed[5] (optional provision used in 22 states in 1982) ?
No
Yes
Step 2: Does the child (or children) live with a parent or caretaker relative[6] in a home maintained as the child's own home[7]?
No
Yes
Continue Stage 1 on next page

NOTES:

[1] This figure provides a general description of the eligibility determination process for Aid to Families with Dependent Children (Title IV-A of the Social Security Act); but because of the many program options available to states, it does not depict the actual eligibility or payment determination for any specific state.

[2] Underlining denotes revisions in AFDC eligibility determination made by the Omnibus Reconciliation Act of 1981. The post-OBRA column represents the determination process in effect October 1981. It does not include changes enacted after this date. When references are made in this document to numbers of states which have adopted various program options, "states" refers to the 50 states and the District of Columbia.

[3] The determination of whether a child is in a single-parent family is based on consideration of the child's natural or adoptive parent, or a stepparent who is married to the child's natural or adoptive parent and is legally obligated to support the child. The presence in the home of a "substitute parent" or a "man-in-the-house" is not an acceptable basis for determining the child to be ineligible.

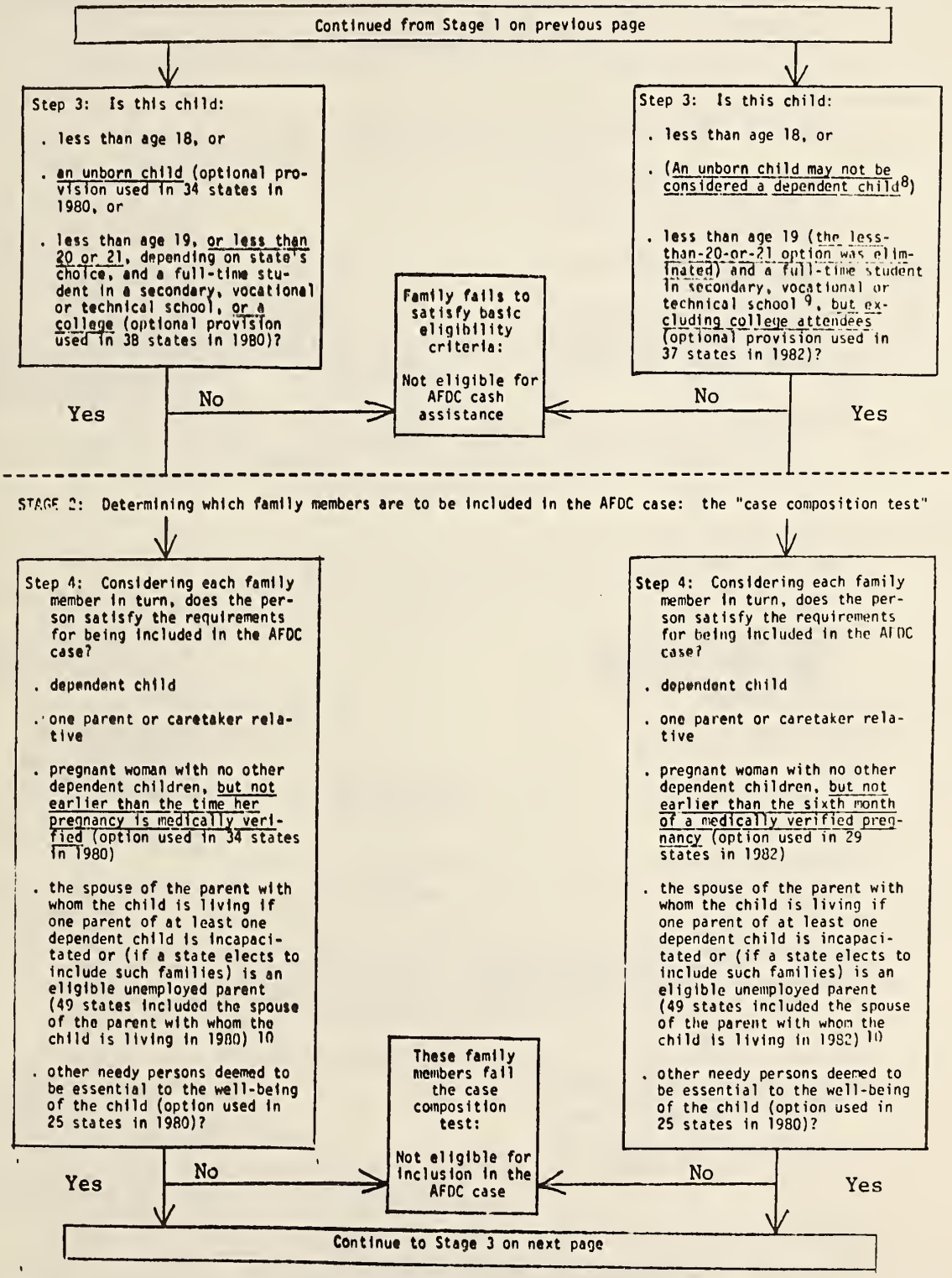
[4] The principal wage earner is whichever parent, in a home in which both parents of a child are living, earned the greater amount of income in the 24-month period preceding application for aid.

[5] To qualify as unemployed, an individual must have been employed fewer than 100 hours a month. Hours of employment may exceed this number if work was intermittent and the excess was of a temporary nature.

[6] "Caretaker relatives" with whom a child may be living are: mother, father, grandmother, grandfather, sister, brother, stepmother, stepfather, stepsister, stepbrother, aunt, uncle, first cousin, niece, and nephew. Relatives with whom a child may be living "as interpreted" by federal regulation include, in addition to the people already mentioned, persons of preceding generations as denoted by prefixes of grand, great, or great-great, persons who legally adopt children, and spouses of any of these persons even if the marriage is terminated by death or divorce.

[7] A child may also live in a foster family home or a private child care institution.

Pre-OBRA | Post-OBRA


Continued from Stage 1 on previous page
Step 3: Is this child:
. less than age 18, or
. an unborn child (optional provision used in 34 states in 1980, or
. less than age 19, or less than 20 or 21, depending on state's choice, and a full-time student in a secondary, vocational or technical school, or a college (optional provision used in 38 states in 1980)?
Yes
No
Family fails to satisfy basic eligibility criteria:
Not eligible for AFDC cash assistance
Step 3: Is this child:
. less than age 18, or
. (An unborn child may not be considered a dependent child[8])
. less than age 19 (the less-than-20-or-21 option was eliminated) and a full-time student in secondary, vocational or technical school[9], but excluding college attendees (optional provision used in 37 states in 1982)?
No
Yes
STAGE 2: Determining which family members are to be included in the AFDC case: the "case composition test"
Step 4: Considering each family member in turn, does the person satisfy the requirements for being included in the AFDC case?
. dependent child
. one parent or caretaker relative
. pregnant woman with no other dependent children, but not earlier than the time her pregnancy is medically verified (option used in 34 states in 1980)
. the spouse of the parent with whom the child is living if one parent of at least one dependent child is incapacitated or (if a state elects to include such families) is an eligible unemployed parent (49 states included the spouse of the parent with whom the child is living in 1980) 10
. other needy persons deemed to be essential to the well-being of the child (option used in 25 states in 1980)?
Yes
No
These family members fail the case composition test:
Not eligible for inclusion in the AFDC case
Step 4: Considering each family member in turn, does the person satisfy the requirements for being included in the AFDC case?
. dependent child
. one parent or caretaker relative
. pregnant woman with no other dependent children, but not earlier than the sixth month of a medically verified pregnancy (option used in 29 states in 1982)
. the spouse of the parent with whom the child is living if one parent of at least one dependent child is incapacitated or (if a state elects to include such families) is an eligible unemployed parent (49 states included the spouse of the parent with whom the child is living in 1982) 10
. other needy persons deemed to be essential to the well-being of the child (option used in 25 states in 1980)?
No
Yes
Continue to Stage 3 on next page

NOTES:

[8] Although an unborn child does not qualify as a dependent child, a pregnant woman with no other dependent children is nonetheless eligible under some circumstances. See Stage 2, "The Case Composition Test."

[9] The student must reasonably be expected to complete the program of study before reaching the age of nineteen or during the month of his or her nineteenth birthday.

[10] In 1980, 26 of these 49 states included an eligible unemployed parent in the case. In 1982, 22 of these 48 states included an eligible unemployed parent in the case.

Pre-OBRA | Post-OBRA

Continued from Stage 2 on previous page

STAGE 3: Determining whether the case satisfies the state's resource or asset test

Step 5: Is the value of the resources (or assets) available to the case:

- less than $2,000 (or lower at state discretion),
- excluding the value of a home, automobile (at state option), personal affects, and income-producing property?

Yes / No

The case fails the asset test:

Not eligible for AFDC cash assistance

Step 5: Is the value of the resources (or assets) available to the case:

- less than $1,000 (or lower at state discretion),
- excluding the value of a home, automobile (limited to $1,500 equity value), personal affects, and income-producing property which is used for self-employment?

No / Yes

STAGE 4: Determining whether the case satisfies the total income test

Step 6: (Not applicable to the pre-OBRA period as no limit was imposed on the case's total income.)

Yes

The case fails the total income test:

Not eligible for AFDC cash assistance

Step 6: Is total case income less than 150 percent of the state's need standard? [11,12]

Total income includes:
- earned income
- all other cash income
- in-kind assistance (in some states)

(For additional detail, see Figure E-2.)

No / Yes

STAGE 5: Determining whether the case meets the state's need standard

Step 7: Does the countable income for the case fall below the applicable need standard? [11,12]

(See Figure E-2 for details on the definition of countable income.)

Yes / No

The case fails the need test:

Not eligible for AFDC cash assistance

Step 7: Does total case income, less work expenses and child care expenses, fall below the applicable need standard? [11,12]

(For a discussion of the details of the post-OBRA procedure for calculating total case income, see Figure E-2.)

No / Yes

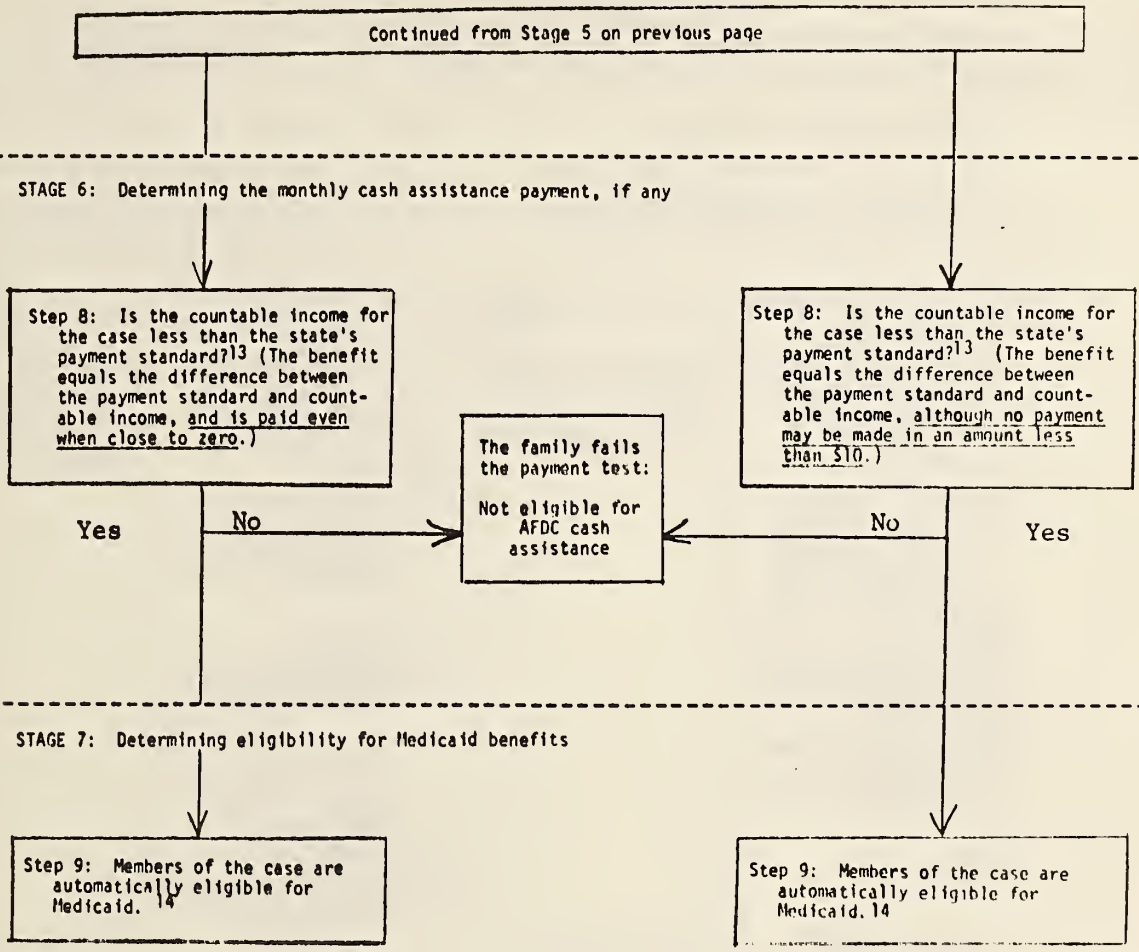
Continue to Stage 6 on next page

NOTES:

[11] In determining need, states must take into account the income and resources of any child or relative claiming AFDC, or any individual living in the household with the child and relative who is considered to be essential to the well-being of the child.

[12] The need standard is a statewide standard, expressed in money amounts, which is used in determining the need of applicants and recipients.

Pre-OBRA | Post-OBRA


Continued from Stage 5 on previous page
STAGE 6: Determining the monthly cash assistance payment, if any
Step 8: Is the countable income for the case less than the state's payment standard?[13] (The benefit equals the difference between the payment standard and countable income, and is paid even when close to zero.)
Step 8: Is the countable income for the case less than the state's payment standard?[13] (The benefit equals the difference between the payment standard and countable income, although no payment may be made in an amount less than $10.)
Yes
No
The family fails the payment test:
Not eligible for AFDC cash assistance
No
Yes
STAGE 7: Determining eligibility for Medicaid benefits
Step 9: Members of the case are automatically eligible for Medicaid.[14]
Step 9: Members of the case are automatically eligible for Medicaid.[14]

NOTES:

[13] There is no requirement that a state pay the full amount of need as determined by the difference between the need standard and countable income. The payment standard may be determined by applying a percentage or "ratable" reduction to the need standard, or to the difference between countable income and the need standard. Payments determined in this manner may be further limited by imposing a maximum on the assistance payment to a family of a given size. (45 C.F.R. 233.20 (2) (1983))

[14] With the exception of Arizona which had no Medicaid program.

SOURCES:

42 C.F.R. §§ 435.1-435.1011 (1983)

42 C.F.R. §§ 233.10-233.217 (1983)

42 U.S.C.S. §§ 601-607 (Law. Coop. 1973)

42 U.S.C.S. §§ 601-607 (Law. Coop. 1984)

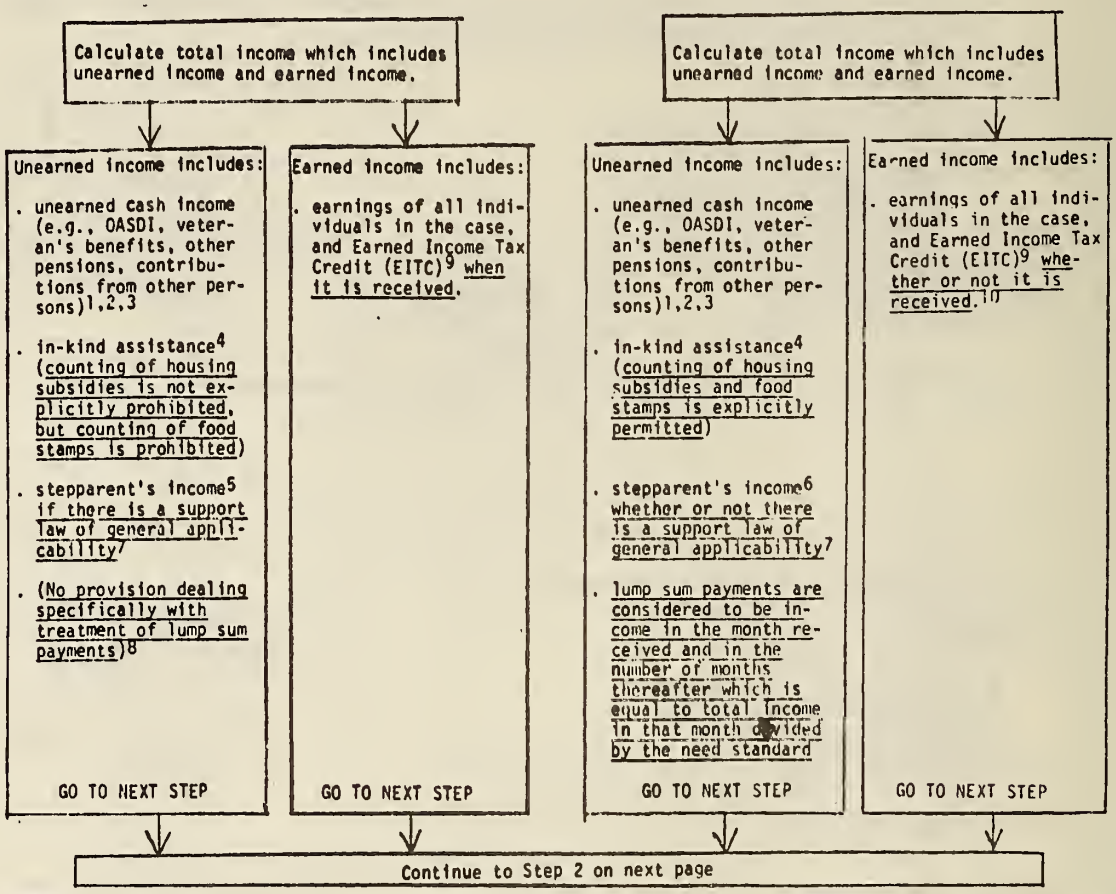
Clinkscale, R., et al.: "Analysis of State Medicaid Program Characteristics, 1982. Contract No. 500-81-0040, Office of Research and Demonstration, Health Care Financing Administration. Rockville, Maryland, La Jolla Management Corporation, 1982.

Personal communication with Wilbur A. Weder, Division of Research, Evaluation, and Statistics, Office of Policy and Evaluation, Office of Family Assistance, Social Security Administration, September 1984.

U.S., Department of Health and Human Services, Social Security Administration, Office of Family Assistance, Research Tables Based on Characteristics of State Plans for Aid to Families with Dependent Children: Eligibility, Assistance, Administration, 1981, 1982, and 1983 editions, SSA Pub. No. 80-08005.

Figure E-2

Calculation of Countable Income for AFDC Eligibility Determination[1]


Pre-OBRA
Post-OBRA
Step 1: Calculation of Total Income
Calculate total income which includes unearned income and earned income.
Unearned income includes:
. unearned cash income (e.g., OASDI, veteran's benefits, other pensions, contributions from other persons)1,2,3
. in-kind assistance4 (counting of housing subsidies is not explicitly prohibited, but counting of food stamps is prohibited)
. stepparent's income5 if there is a support law of general applicability7
. (No provision dealing specifically with treatment of lump sum payments)8
GO TO NEXT STEP
Earned income includes:
. earnings of all individuals in the case, and Earned Income Tax Credit (EITC)9 when it is received.
GO TO NEXT STEP
Calculate total income which includes unearned income and earned income.
Unearned income includes:
. unearned cash income (e.g., OASDI, veteran's benefits, other pensions, contributions from other persons)1,2,3
. in-kind assistance4 (counting of housing subsidies and food stamps is explicitly permitted)
. stepparent's income6 whether or not there is a support law of general applicability7
. lump sum payments are considered to be income in the month received and in the number of months thereafter which is equal to total income in that month divided by the need standard
GO TO NEXT STEP
Earned income includes:
. earnings of all individuals in the case, and Earned Income Tax Credit (EITC)9 whether or not it is received.10
GO TO NEXT STEP
Continue to Step 2 on next page

NOTES:

[1] This figure provides a general description of the calculation of countable income, but does not depict the actual procedure for any specific state. Underlining in this figure denotes revisions in the process for calculating countable income made by the Omnibus Reconciliation Act of 1981.

[2] The applicant or recipient is required to apply for all possible sources of income for which he or she may be eligible (e.g., annuities, pensions, workmen's compensation).

[3] Unemployment compensation received by a principal wage earner is subtracted from the AFDC assistance payment after the payment has been determined, and is not included in the calculation of total income.

[4] A person receiving Supplemental Security Income (SSI) cannot be counted as a member of the AFDC case, and his or her income cannot be counted as available to the case.

[5] Most states ignore all forms of in-kind assistance (which can include anything from housing subsidies to the donation of a refrigerator). For example, in 1982, although OBRA explicitly permitted counting of housing subsidies and food stamps, no states counted food stamps and only Oregon counted housing subsidies.

[6] Pre-OBRA, stepparent's income was considered a potential source of income for intact families only (that is, families with an unemployed parent, or families in which one parent was incapacitated).

[7] Certain deductions are subtracted from the stepparent's income before it is added to the income of the case.

[8] State law of general applicability requires stepparents to support stepchildren to the same extent that natural or adoptive parents are required to support their children.

[9] Pre-OBRA, states were permitted discretion in the treatment of windfall amounts. For example, they could choose to treat these amounts as either earned or as unearned income, they could count less than the full amount as income, or they could permit a grace period before counting the windfall as income in order to give families the opportunity to spend it.

[10] EITC is a cash income supplement provided to earners whose incomes are below $10,000 per year. A person can receive the credit in a single payment at the end of the year, or the person may file an eligibility certificate with his or her employer in order to receive advance payment of the credit with his or her paycheck.

[11] If an individual applies for monthly payments, but his or her employer refuses to issue them, EITC is not counted until it is received.

Pre-OBRA | Post-OBRA

Continued from Step 1 on previous page

Step 2: Calculation of Adjusted Total Income

Pre-OBRA

Total unearned income (as calculated on previous page)

→ This amount is total unearned income.

Total earned income (as calculated on previous page)

Has this person received AFDC cash assistance in at least one of the past four months?

- Yes →
  - Subtract all of the earnings of each dependent child who is attending school full-time or who is attending school part-time but is not employed full-time.[11]
  - Subtract from the earnings of the case $30 plus one-third of remaining earnings.
  - Subtract from the earnings of each employed worker in the case all expenses reasonably attributable to the earning of income.
  - Work expenses include all expenses attributable to work-related care or a child or incapacitated adult ("dependent care").
- No →

→ This amount is adjusted earned income.

→ This amount (total unearned income plus adjusted earned income) equals adjusted total income.

GO TO NEXT STEP

Post-OBRA

Total unearned income (as calculated on previous page)

→ This amount is total unearned income.

Total earned income (as calculated on previous page

Has this person received AFDC cash assistance in at least one of the past four months?

- Yes →
  - Subtract all of the earnings of each dependent child who is attending school full-time or who is attending school part-time but is not employed full-time.
  - (This aspect of Step 2 has been eliminated. See Step 3 below for post-OBRA treatment of $30 plus one-third of earnings deduction.)
  - Subtract from the earnings of each employed worker in the case $75 (or less for part-time employment).
  - Subtract from the earnings of each employed worker in the case the actual cost of care up to $160 per child or incapacitated adult (or less for part-time employment).
- No →

→ This amount is adjusted earned income.

→ This amount (total unearned income plus adjusted earned income) equals adjusted total income.

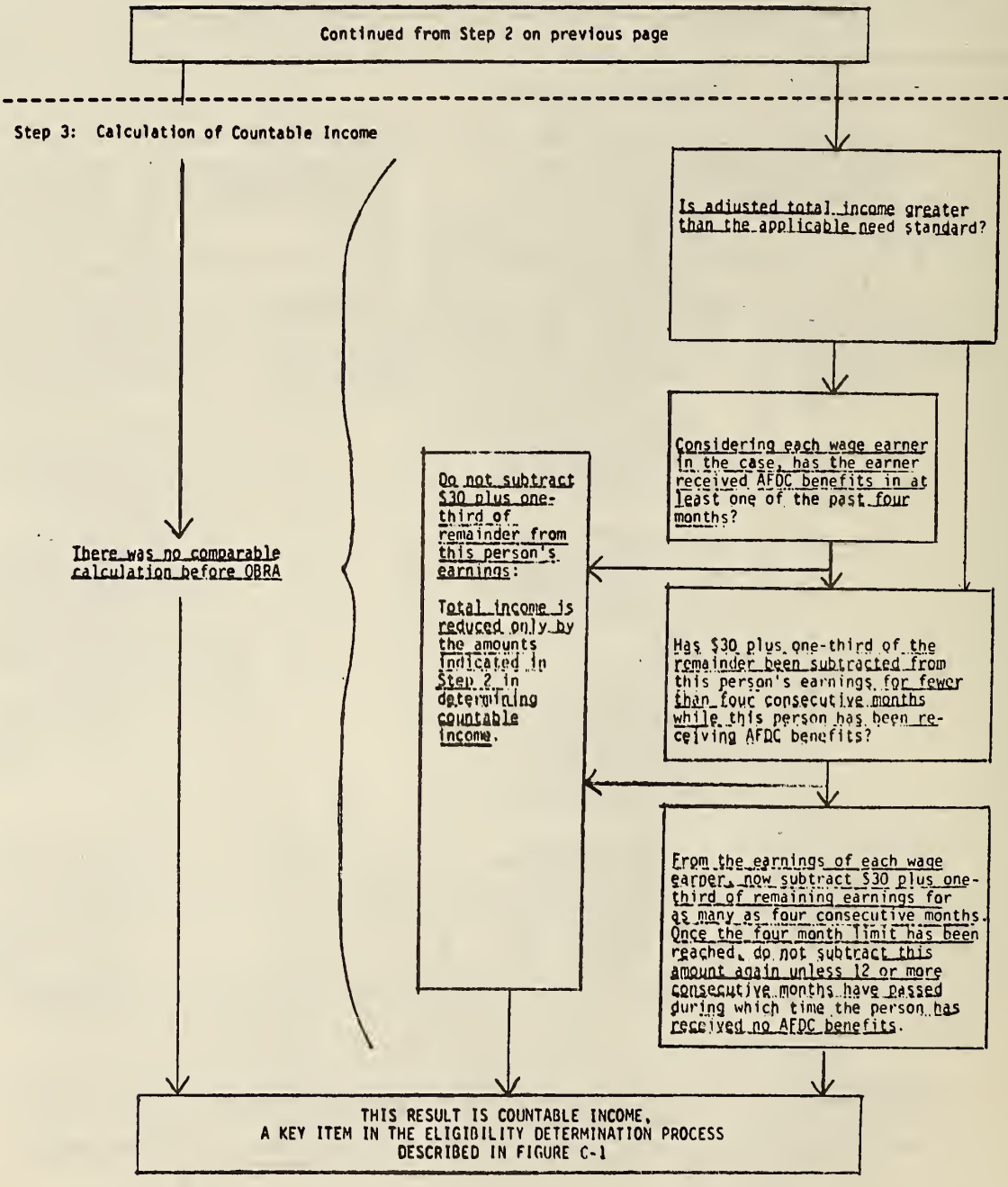
GO TO NEXT STEP

Continue to Step 3 on next page

NOTES:

12 If a child saves his or her earnings, they must be considered to be a resource available to the case unless a state's AFDC plan specifically permits some of the case's income to be set aside for the future needs of the child.

Pre-OBRA | Post-OBRA


Continued from Step 2 on previous page
Step 3: Calculation of Countable Income
There was no comparable calculation before OBRA
Is adjusted total income greater than the applicable need standard?
Considering each wage earner in the case, has the earner received AFDC benefits in at least one of the past four months?
Do not subtract $30 plus one-third of remainder from this person's earnings:
Total income is reduced only by the amounts indicated in Step 2 in determining countable income.
Has $30 plus one-third of the remainder been subtracted from this person's earnings for fewer than four consecutive months while this person has been receiving AFDC benefits?
From the earnings of each wage earner, now subtract $30 plus one-third of remaining earnings for as many as four consecutive months. Once the four month limit has been reached, do not subtract this amount again unless 12 or more consecutive months have passed during which time the person has received no AFDC benefits.
THIS RESULT IS COUNTABLE INCOME,
A KEY ITEM IN THE ELIGIBILITY DETERMINATION PROCESS
DESCRIBED IN FIGURE C-1

SOURCES:

42 C.F.R. §§ 435.1-435.1011 (1983)

42 C.F.R. §§ 233.10-233.217 (1983)

42 U.S.C.S. §§ 601-607 (Law. Coop 1973)

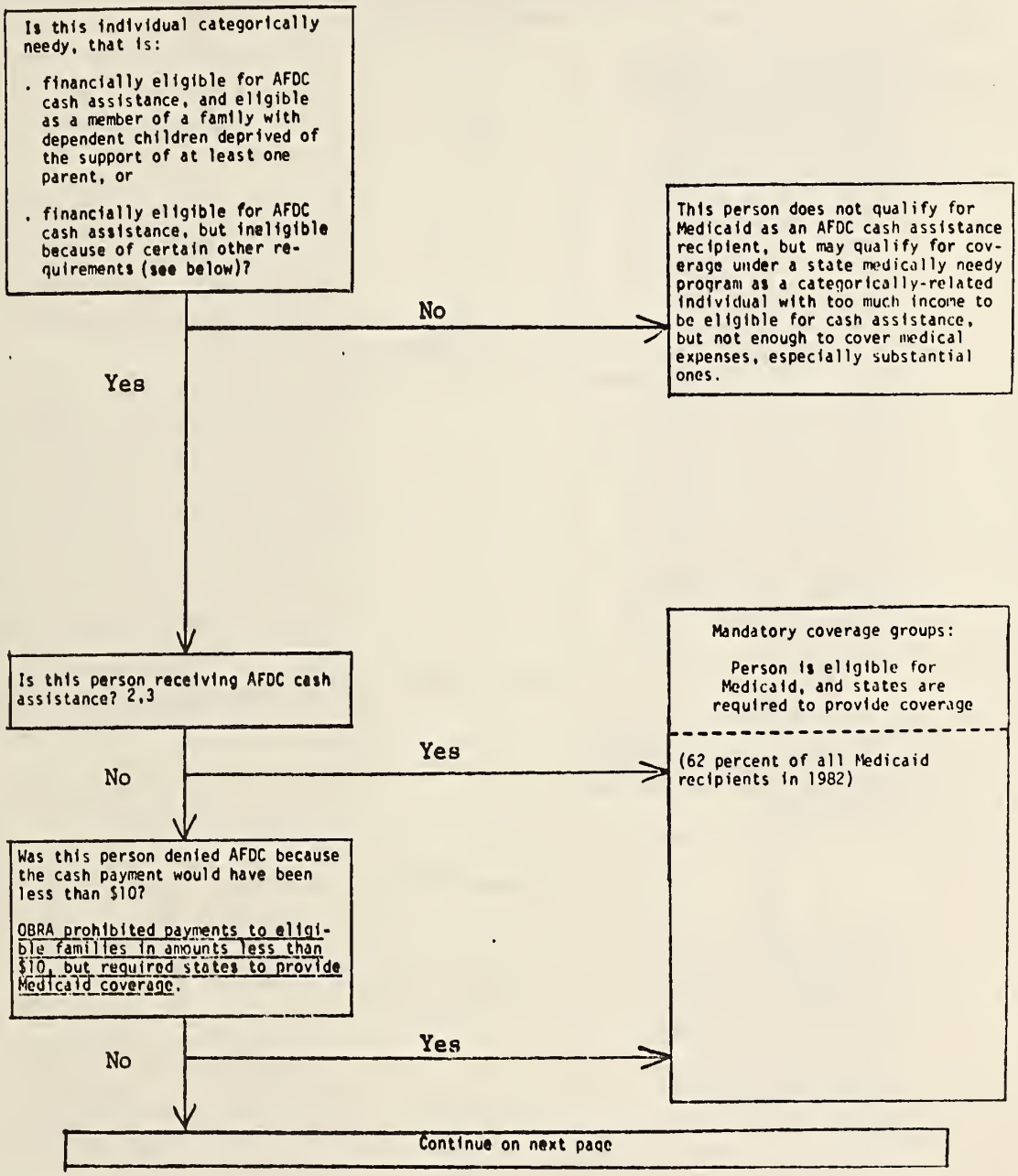
42 U.S.C.S. §§ 601-607 (Law. Coop 1984)

Personal communication with Wilbur A Weder, Division of Research, Evaluation, and Statistics, Office of Policy and Evaluation, Office of Family Assistance, Social Security Administration.

U.S., Department of Health and Human Services, Social Security Administration, Office of Family Assistance, Research Tables Based on Characteristics of State Plans for Aid to Families with Dependent Children: Eligibility, Assistance, Administration, 1981, 1982 and 1983 editions, SSA Pub. No. 80-08005.

Figure E-3

Medicaid Eligibility Determination Process for AFDC-related Families and Children[1]

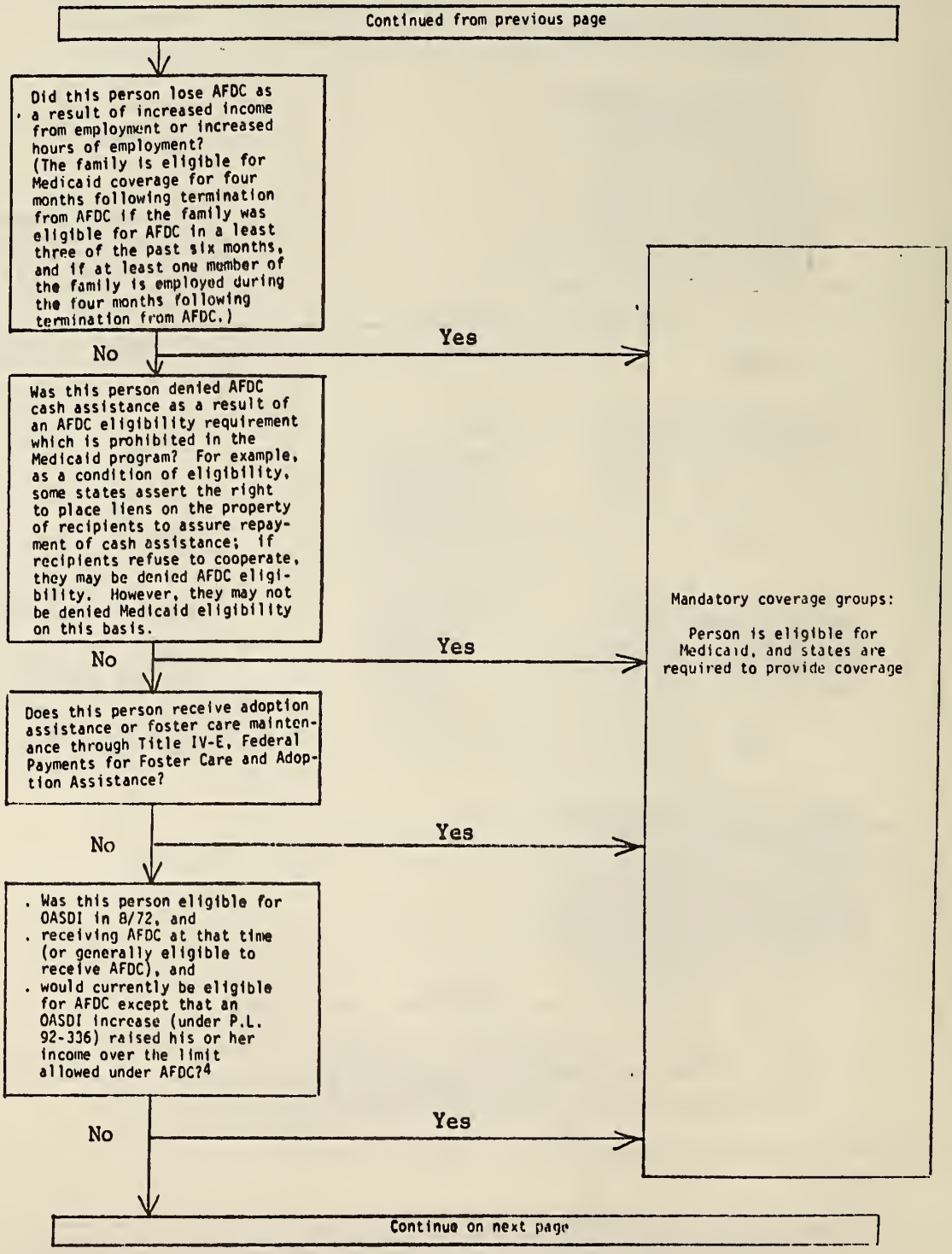

Is this individual categorically needy, that is:
. financially eligible for AFDC cash assistance, and eligible as a member of a family with dependent children deprived of the support of at least one parent, or
. financially eligible for AFDC cash assistance, but ineligible because of certain other requirements (see below)?
No
This person does not qualify for Medicaid as an AFDC cash assistance recipient, but may qualify for coverage under a state medically needy program as a categorically-related individual with too much income to be eligible for cash assistance, but not enough to cover medical expenses, especially substantial ones.
Yes
Is this person receiving AFDC cash assistance? 2,3
Yes
No
Mandatory coverage groups:
Person is eligible for Medicaid, and states are required to provide coverage
(62 percent of all Medicaid recipients in 1982)
Was this person denied AFDC because the cash payment would have been less than $10?
OBRA prohibited payments to eligible families in amounts less than $10, but required states to provide Medicaid coverage.
Yes
No
Continue on next page

NOTES:

[1] This figure depicts Medicaid (Title XIX of the Social Security Act) eligibility determination for AFDC-related families and children effective October 1981. Underlining denotes revisions in Medicaid eligibility determination made by the Omnibus Reconciliation Act of 1981. Changes in eligibility determination which occurred after this date are not included here. When references are made in this figure to numbers of states which provide Medicaid coverage to various groups of individuals, "states" refers to 49 states (excluding Arizona) and the District of Columbia.

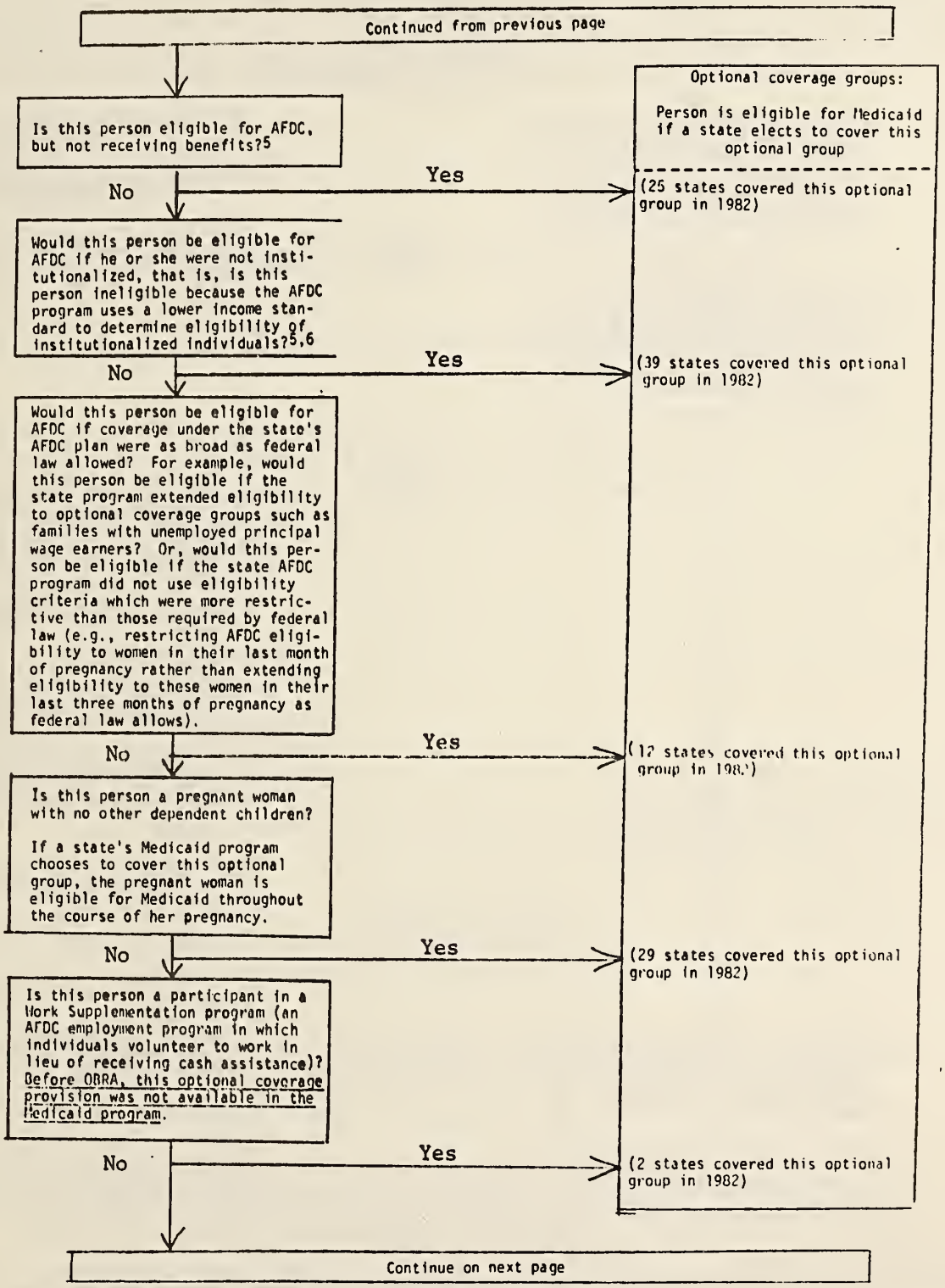
[2] An individual is considered to be a recipient of AFDC if his or her needs are included in determining the amount of the AFDC payment.

[3] People receiving cash assistance include 1) families with dependent children under the age of 18 (or, at state option, under the age of 19), 2) at state option, pregnant women with no other dependent children during the last three months of their pregnancy, and 3) at state option, families with unemployed principal wage earners. Pre-OBRA, people receiving cash assistance included 1) families with dependent children under the age of 18 (or, at state option, under the age of 21) and attending school, 2) at state option, pregnant women with no other dependent children throughout the course of their pregnancy, and 3) at state option, families with an unemployed parent.


Continued from previous page
Did this person lose AFDC as a result of increased income from employment or increased hours of employment? (The family is eligible for Medicaid coverage for four months following termination from AFDC if the family was eligible for AFDC in a least three of the past six months, and if at least one member of the family is employed during the four months following termination from AFDC.)
Yes
No
Was this person denied AFDC cash assistance as a result of an AFDC eligibility requirement which is prohibited in the Medicaid program? For example, as a condition of eligibility, some states assert the right to place liens on the property of recipients to assure repayment of cash assistance; if recipients refuse to cooperate, they may be denied AFDC eligibility. However, they may not be denied Medicaid eligibility on this basis.
Yes
No
Does this person receive adoption assistance or foster care maintenance through Title IV-E, Federal Payments for Foster Care and Adoption Assistance?
Yes
No
. Was this person eligible for OASDI in 8/72, and
. receiving AFDC at that time (or generally eligible to receive AFDC), and
. would currently be eligible for AFDC except that an OASDI increase (under P.L. 92-336) raised his or her income over the limit allowed under AFDC?4
Yes
No
Mandatory coverage groups:
Person is eligible for Medicaid, and states are required to provide coverage
Continue on next page

NOTES:

[4] During the period between the SSI enactment date (10/72) and the SSI implementation date (1/74), some individuals who were receiving cash assistance from state programs for the aged, blind, or disabled, lost their potential eligibility for SSI as a result of OASDI increases. These individuals were grandfathered into the Medicaid program. Some dual AFDC and OASDI recipients lost AFDC eligibility during the same period, as a result of the same OASDI increases: their eligibility for Medicaid was similarly protected.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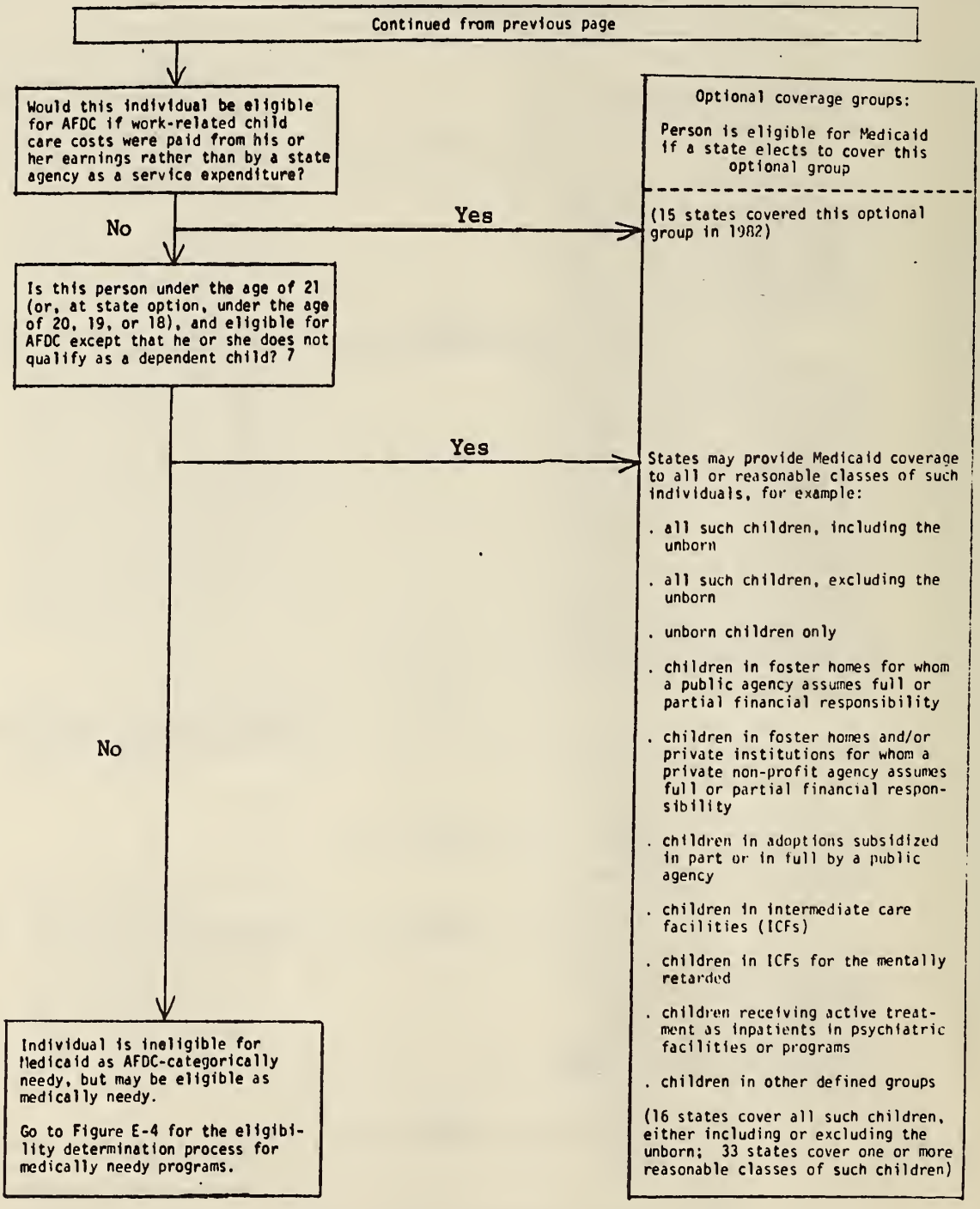
Optional coverage groups:
Person is eligible for Medicaid if a state elects to cover this optional group
Is this person eligible for AFDC, but not receiving benefits?5
Yes
(25 states covered this optional group in 1982)
No
Would this person be eligible for AFDC if he or she were not institutionalized, that is, is this person ineligible because the AFDC program uses a lower income standard to determine eligibility of institutionalized individuals?5,6
Yes
(39 states covered this optional group in 1982)
No
Would this person be eligible for AFDC if coverage under the state's AFDC plan were as broad as federal law allowed? For example, would this person be eligible if the state program extended eligibility to optional coverage groups such as families with unemployed principal wage earners? Or, would this person be eligible if the state AFDC program did not use eligibility criteria which were more restrictive than those required by federal law (e.g., restricting AFDC eligibility to women in their last month of pregnancy rather than extending eligibility to these women in their last three months of pregnancy as federal law allows).
Yes
(17 states covered this optional group in 1982)
No
Is this person a pregnant woman with no other dependent children?
If a state's Medicaid program chooses to cover this optional group, the pregnant woman is eligible for Medicaid throughout the course of her pregnancy.
Yes
(29 states covered this optional group in 1982)
No
Is this person a participant in a Work Supplementation program (an AFDC employment program in which individuals volunteer to work in lieu of receiving cash assistance)? Before OBRA, this optional coverage provision was not available in the Medicaid program.
Yes
(2 states covered this optional group in 1982)
No
Continue on next page

NOTES:

[5] If a state provides Medicaid to people who are eligible for, but not receiving AFDC, it must also provide Medicaid to people who are eligible for, but not receiving, SSI. And if a state provides Medicaid to people who are ineligible for AFDC because they are institutionalized, it must also provide Medicaid to people who are ineligible for SSI because they are institutionalized.

[6] The adjusted income of an institutionalized individual may not exceed 300 percent of the Supplemental Security Income benefit rate.


Continued from previous page
Would this individual be eligible for AFDC if work-related child care costs were paid from his or her earnings rather than by a state agency as a service expenditure?
No
Yes
Optional coverage groups:
Person is eligible for Medicaid if a state elects to cover this optional group
(15 states covered this optional group in 1982)
Is this person under the age of 21 (or, at state option, under the age of 20, 19, or 18), and eligible for AFDC except that he or she does not qualify as a dependent child? 7
Yes
States may provide Medicaid coverage to all or reasonable classes of such individuals, for example:
. all such children, including the unborn
. all such children, excluding the unborn
. unborn children only
. children in foster homes for whom a public agency assumes full or partial financial responsibility
. children in foster homes and/or private institutions for whom a private non-profit agency assumes full or partial financial responsibility
. children in adoptions subsidized in part or in full by a public agency
. children in intermediate care facilities (ICFs)
. children in ICFs for the mentally retarded
. children receiving active treatment as inpatients in psychiatric facilities or programs
. children in other defined groups
(16 states cover all such children, either including or excluding the unborn; 33 states cover one or more reasonable classes of such children)
No
Individual is ineligible for Medicaid as AFDC-categorically needy, but may be eligible as medically needy.
Go to Figure E-4 for the eligibility determination process for medically needy programs.

NOTES:

[7] This group of individuals, sometimes referred to as "Ribicoff children," includes children in intact families.

SOURCES:

42 U.S.C.A. § 1396a (1983)

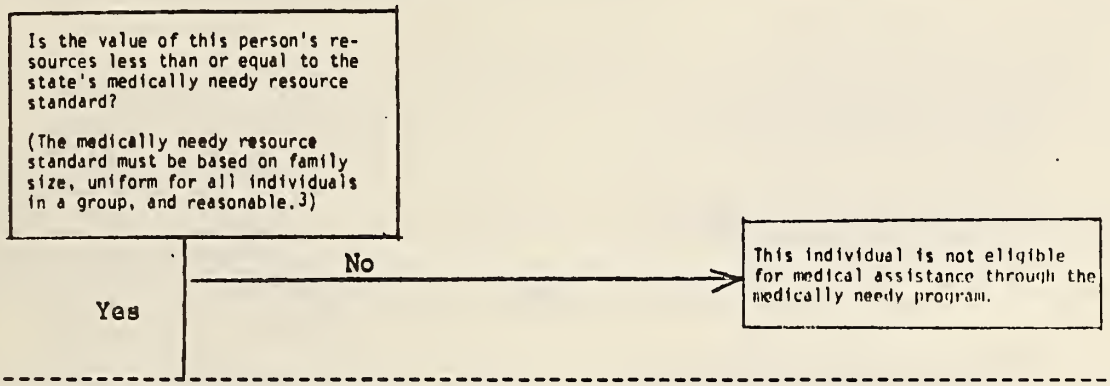
42 C.F.R. § 435.1-435.1009 (1983)

Clinkscale, R., et al.: "Analysis of State Medicaid Program Characteristics, 1982." Contract No. 500-81-0040, Office of Research and Demonstrations, Health Care Financing Administration. Rockville, Maryland, La Jolla Management Corporation, 1982.

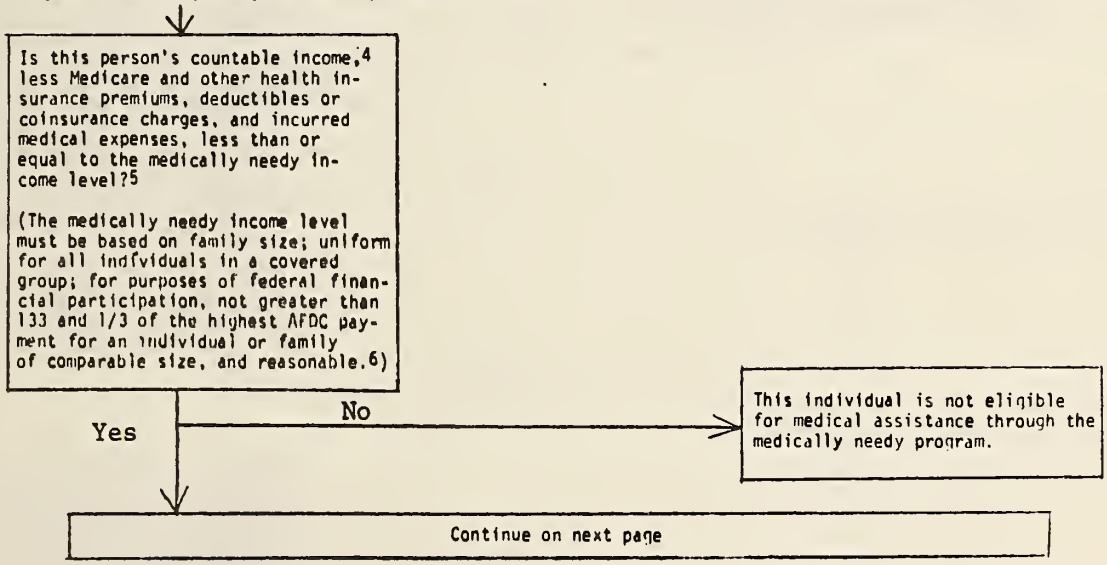
Figure E-4

Medically Needy Eligibility Determination Process[1,2]

Stage 1: Medically Needy Resource Requirements


Is the value of this person's resources less than or equal to the state's medically needy resource standard?
(The medically needy resource standard must be based on family size, uniform for all individuals in a group, and reasonable.3)
No
This individual is not eligible for medical assistance through the medically needy program.
Yes

Stage 2: Medically Needy Income Requirements


Is this person's countable income,4 less Medicare and other health insurance premiums, deductibles or coinsurance charges, and incurred medical expenses, less than or equal to the medically needy income level?5
(The medically needy income level must be based on family size; uniform for all individuals in a covered group; for purposes of federal financial participation, not greater than 133 and 1/3 of the highest AFDC payment for an individual or family of comparable size, and reasonable.6)
No
This individual is not eligible for medical assistance through the medically needy program.
Yes
Continue on next page

NOTES:

[1] Thirty states offered medically needy programs in 1982: Arkansas, California, Connecticut, District of Columbia, Hawaii, Illinois, Kansas, Kentucky, Lousiana, Maine, Maryland, Massachusetts, Michigan, Minnesota, Montana, Nebraska, New Hampshire, New York, North Carolina, North Dakota, Oklahoma, Pennsylvania, Rhode Island, Tennessee, Utah, Vermont, virginia, Washington, West Virginia, and Wisconsin.

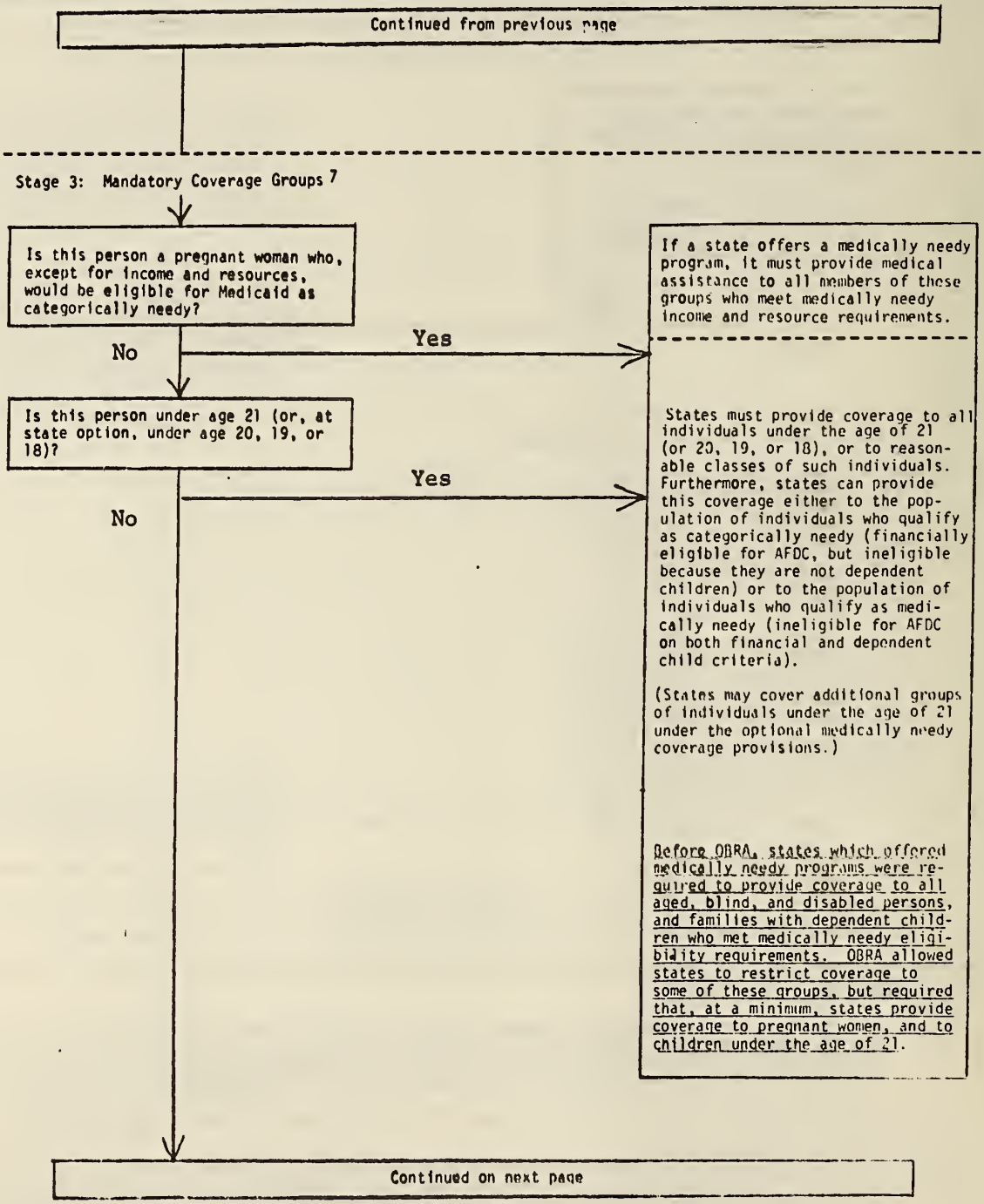
[2] Underlining denotes revisions in medically needy eligibility determination made by the Omnibus Reconciliation Act of 1981.

[3] It is considered reasonable either to set one resource standard for all medically needy coverage groups, or to set a different resource standard for each coverage group. A medically needy resource standard is considered reasonable if it is at least equal to the highest of the cash assistance resource standards which would apply to any group covered by that medically needy resource standard. Before OBRA, the medically needy resource standard was based on an individual's relationship to a particular cash assistance program.

[4] In computing total income, a state must use a prospective period of not more than six months. In computing countable income, a state must deduct the same amounts from total income as would be deducted in the related cash assistance program, excepting the $30 plus one-third deduction.

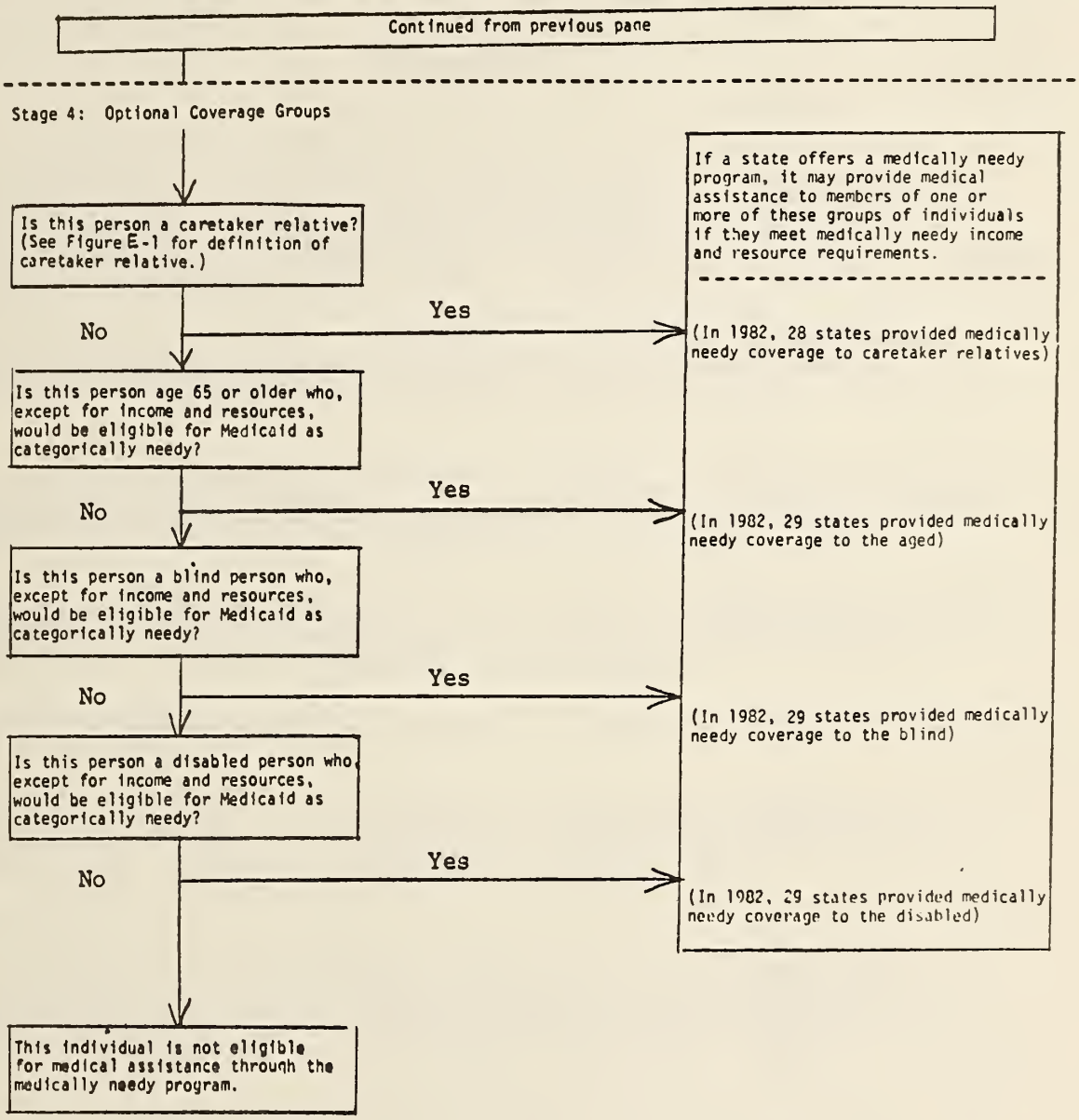
[5] States may base the deduction of incurred medical expenses on accounting periods ranging from one to six months of income. When the deduction of incurred medical expenses reduces income to the medically needy income standard, the individual becomes eligible for medical assistance through the medically needy program. In 1982, twenty states had a spend-down period of six months, one state had a spend-down period of four months, seven states had a spend-down period of three months, and two states had a spend-down period of one month.

[6] It is considered reasonable either to set one income level for all medically needy coverage groups, or to set a different income level for each coverage group. A medically needy income level is considered reasonable if it is at least equal to the highest of the cash assistance income levels which would apply to any group covered by that medically needy income level (or 133 and 1/3 of the maximum AFDC payment, whichever is lower). Before OBRA, a single income level, equal to 133 and 1/3 of the maximum AFDC payment for a family of comparable size, determined the income eligibility of all medically needy applicants.


Continued from previous page
Stage 3: Mandatory Coverage Groups 7
Is this person a pregnant woman who, except for income and resources, would be eligible for Medicaid as categorically needy?
Yes
No
If a state offers a medically needy program, it must provide medical assistance to all members of these groups who meet medically needy income and resource requirements.
Is this person under age 21 (or, at state option, under age 20, 19, or 18)?
Yes
No
States must provide coverage to all individuals under the age of 21 (or 20, 19, or 18), or to reasonable classes of such individuals. Furthermore, states can provide this coverage either to the population of individuals who qualify as categorically needy (financially eligible for AFDC, but ineligible because they are not dependent children) or to the population of individuals who qualify as medically needy (ineligible for AFDC on both financial and dependent child criteria).
(States may cover additional groups of individuals under the age of 21 under the optional medically needy coverage provisions.)
Before OBRA, states which offered medically needy programs were required to provide coverage to all aged, blind, and disabled persons, and families with dependent children who met medically needy eligibility requirements. OBRA allowed states to restrict coverage to some of these groups, but required that, at a minimum, states provide coverage to pregnant women, and to children under the age of 21.
Continued on next page

NOTES:

[7] A minor mandatory coverage group includes blind or disabled individuals who were eligible for Medicaid in 12/73 on the basis of blindness or disability criteria defined in pre-SSI programs for the blind or disabled, who continue to meet the 12/73 criteria for blindness or disability, and who meet current medically needy requirements (except those defining blindness or disability).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Stage 4: Optional Coverage Groups
Is this person a caretaker relative? (See Figure E-1 for definition of caretaker relative.)
No
Yes
Is this person age 65 or older who, except for income and resources, would be eligible for Medicaid as categorically needy?
No
Yes
Is this person a blind person who, except for income and resources, would be eligible for Medicaid as categorically needy?
No
Yes
Is this person a disabled person who, except for income and resources, would be eligible for Medicaid as categorically needy?
No
Yes
This individual is not eligible for medical assistance through the medically needy program.
If a state offers a medically needy program, it may provide medical assistance to members of one or more of these groups of individuals if they meet medically needy income and resource requirements.
(In 1982, 28 states provided medically needy coverage to caretaker relatives)
(In 1982, 29 states provided medically needy coverage to the aged)
(In 1982, 29 states provided medically needy coverage to the blind)
(In 1982, 29 states provided medically needy coverage to the disabled)

NOTES:

[6] "States" refers to 49 states (Arizona is excluded because it does not have a Medicaid program) and the District of Columbia.

SOURCES:

42 U.S.C.A. § 1396a (1983)

42 C.F.R. §§ 435.1-435.1009 (1983)

46 FR 47988, Sept. 30, 1981

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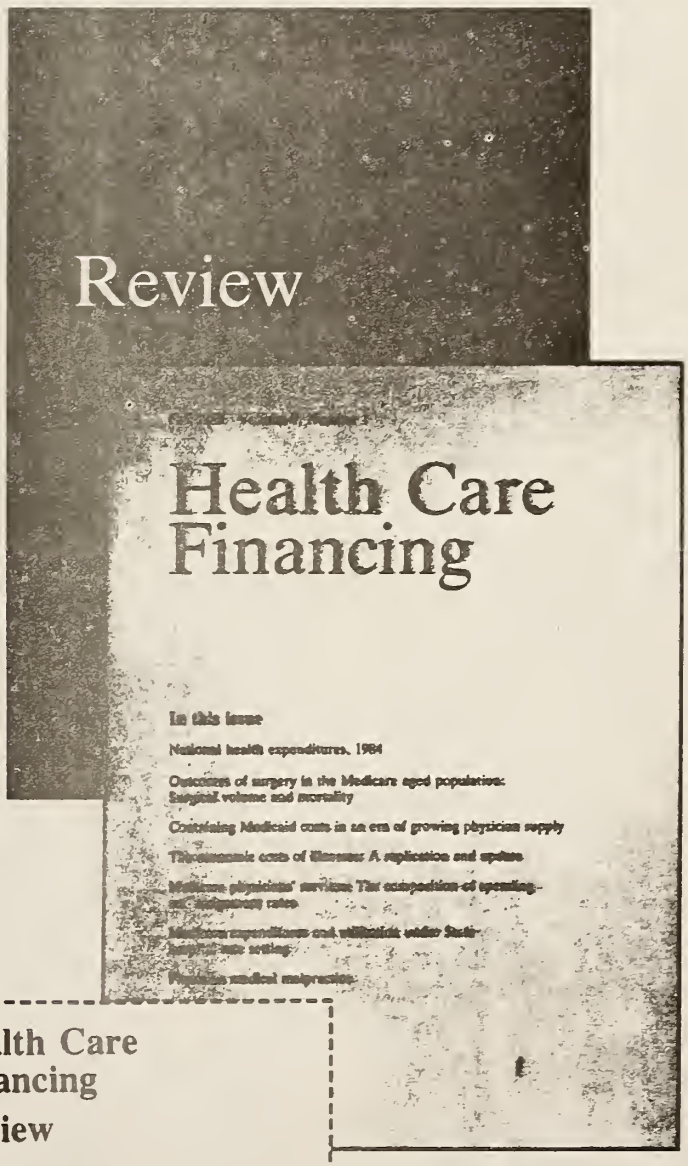

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